

INFORMATION SHARING REQUEST FORM

Family Violence and Child Information Sharing Schemes (FVISS & CISS)

The Privacy and Data Protection Act 2014 has been amended to allow Wintringham as a prescribed organisation to share and obtain information as follows:

Wintringham is a prescribed Information Sharing Entity (ISE) under Part 5a of the Family Violence Protection Act 2008 to enable specified entities to share information for the purposes of risk assessment and risk management for family violence.

Wintringham as prescribed under Part 6a of the Child Well Being and Safety Act 2005 as an Information Sharing Entity to share confidential information in a timely and effective manner in order to promote the wellbeing and safety of children.

Name of organisation requesting information:	Worker's Name and Role:	Phone Number of Organisation:
Under what Information Sharing Scheme are you accessing this information?	FVISS <input type="checkbox"/>	CISS <input type="checkbox"/>
Is your organisation a prescribed Information Entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How soon do you need this information? <i>(Note our normal response time is 2 days)</i>	Same day urgent request <input type="checkbox"/>	As soon as practicable <input type="checkbox"/>

INFORMATION PURPOSE

Family Violence Information Sharing Scheme

- I am a Family Violence Risk Assessment Worker (RAE) and require this information for the purposes of a risk assessment.
- I am a Family Violence Risk Assessment Worker (RAE) and require this information for the purposes of ongoing risk management.
- I am an Information Sharing Entity (ISE) and require information for the purposes of a risk assessment.
- I am an Information Sharing Entity (ISE) and require information for the purposes of ongoing risk management.

Child Information Sharing Scheme

- To make a decision, assessment or plan relating to the wellbeing and/or safety of a child/s
- To manage a risk to a child/s
- To provide a service relating to wellbeing of a child/s
- To conduct an investigation into the wellbeing and safety of a child/s

PERSON OF REQUEST	
Name of person subject to this request: <i>(Please complete a new request form per person)</i>	
Date of Birth:	

INFORMATION REQUESTED	
What specific information are you requesting?	
How will this information be used?	
What are the reasons why you <u>did not</u> seek permission to obtain this information? <input type="checkbox"/> It was not safe to do so <input type="checkbox"/> It was not appropriate to do so <input type="checkbox"/> It was not considered reasonable to do so	
Please email this form to: privacy@wintringham.org.au Please note the normal response time is 2 days.	

Office Use Only	
Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Approving Manager:	
Date:	
Date information provided:	
If not provided, please state reason: <ul style="list-style-type: none"> <input type="checkbox"/> Did not meet the criteria <input type="checkbox"/> Information was not available <input type="checkbox"/> Other (<i>specify</i>) 	

