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|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> MMC – Clayton |
| <input type="checkbox"/> Kingston Centre | <input type="checkbox"/> MMC– Moorabbin |
| <input type="checkbox"/> Jessie McPherson | <input type="checkbox"/> Community Health Services |
| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:

Surname:

Given Name:

D.O.B: Age: Sex:

Affix Patient Identification Label

Family Violence and Child Information Sharing Request Form

Part 5A Family Violence Protection Act 2008

Part 6A Child Wellbeing and Safety Act 2005

Requesting Agency Details:

Agency name:		Date	
Contact name:		Ph.	
Email			
Is your agency an Information Sharing Entity (ISE):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your agency a Risk Assessment Entity (RAE):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Family Violence Information Sharing Scheme (FVISS) request			
<input type="checkbox"/> Child Information Sharing Scheme (CISS) request			

Information request is for:	<input type="checkbox"/> A family violence risk assessment purpose <input type="checkbox"/> A family violence protection purpose <input type="checkbox"/> Promote the wellbeing / safety of a child or group of children (<i>select which applies below</i>): <ul style="list-style-type: none"> <input type="checkbox"/> To make a decision or assessment <input type="checkbox"/> To initiate or conduct an investigation <input type="checkbox"/> To provide a service <input type="checkbox"/> To manage a risk
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Subject of the request:	<input type="checkbox"/> Alleged perpetrator <input type="checkbox"/> Victim survivor - adult <input type="checkbox"/> Victim survivor - child <input type="checkbox"/> Perpetrator <input type="checkbox"/> Third party <input type="checkbox"/> Child or group of children
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Subject Full Name: _____ DOB: _____ Gender: _____

Consent

Is consent required to share the information in the circumstances? <i>Consent must be obtained from adult victim survivors (with no children in their care) or third parties. No consent required from alleged perpetrator/perpetrators, or child victim survivors.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Was consent obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If consent was <u>not</u> obtained, why? <ul style="list-style-type: none"> <input type="checkbox"/> Alleged perpetrator/perpetrator <input type="checkbox"/> Assessing or managing risk to a child victim survivor <input type="checkbox"/> Serious threat to life or safety <input type="checkbox"/> Other:
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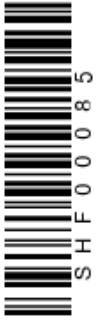
Information requested: e.g. reason for admission, date of discharge <i>if additional information required please attach additional page</i>	Background information to support the request:

Email completed form to: ISS@monashhealth.org

SENSITIVE

Family Violence Protection Act (2008)

Child Wellbeing and Safety Act (2005)



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Given Name:

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Affix Patient Identification Label

OFFICE ONLY

Family Violence team to complete:

Date request received:		Authenticity of requestor confirmed: <i>e.g. from a work email address with visible signature block</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the requesting agency and ISE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the requesting agency and RAE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the information requested for:	<ul style="list-style-type: none"> A family violence risk assessment purpose (<i>this information can only be shared with RAEs</i>) A family violence protection purpose Promote the wellbeing / safety of a child or group of children 		<input type="checkbox"/> Yes <input type="checkbox"/> No

Delegated employee to complete:

(3.10.1) Information is NOT to be shared if it meets the exclusion criteria :	<ul style="list-style-type: none"> Endanger a person's life or result in physical injury Prejudice legal proceedings or a police investigation Is restricted from being shared under other laws 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If 'yes' to any question, information cannot be shared</i>
(3.10.2) Do you recommend the information be shared?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee Name:		Position:		
Consulted with, name (if applicable):		Position:		

REQUESTED INFORMATION:

Enter all information that is recommended to be released, add additional page/s if needed:

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Delegated Authority (General Manager) to complete:

Do you agree that it fits the requirements to share the information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?
Name:		Title:

Family Violence team to complete:

Name:		Position:	
Date agency notified:		If information was not shared, was agency notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Violence team to email completed form to: SMRdata@monashhealth.org			

SENSITIVE

*Family Violence Protection Act (2008)
Child Wellbeing and Safety Act (2005)*

