Child Information Sharing Scheme

# Request for information from Orbost Regional Health

**Protected: Sensitive Personal**

When completed, this document may contain 'protected information' as defined under the *Child Wellbeing and Safety Act 2005* (the Act).

## Information Sharing Entity details

### Request for information provided by:

|  |  |
| --- | --- |
| Information Sharing Entity (ISE) name | Orbost Regional Health |

## Request for information made by:

|  |  |
| --- | --- |
| ISE name |       |
| ISE address |       |

### Contact person:

|  |  |
| --- | --- |
| Family name |       |
| Given name |       |
| Job title |       |
| Phone |       |
| Email |       |

By submitting this form to Births, Deaths and Marriages Victoria (BDM), I am confirming:

* I am authorised to request and share information under the Child Information Sharing Scheme established under the Act
* I am acting in my official capacity on behalf of the requesting Information Sharing Entity (ISE)
* The ISE is a prescribed ISE under the Child Wellbeing and Safety (Information Sharing) Regulations 2018.

## Timeframes of request

### Urgency of request

[ ]  High [ ]  Medium [ ]  Low

|  |  |
| --- | --- |
| Date required (if urgent): |       |

## Purpose of request

### Threshold part 1 - Wellbeing or safety

To promote the:

[ ]  Wellbeing

[ ]  Safety

of:

[ ]  a child

[ ]  a group of children

### Subjects of information sharing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject category:*** **Child**
* **Family member, or**
* **Third party**
 | **Given name(s)** | **Surname** | **Relation to child** | **Date of birth** | **Address** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Further information (if required):

|  |
| --- |
|       |

## Details of request

Information you require:

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| --- |
|       |

Background information (if required):

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| --- |
|       |

### Threshold part 2 - Sharing to assist another Information Sharing Entity

The information will be used to carry out the following one or more activities relating to the child/children:

[ ]  Making a decision, assessment or plan

[ ]  Initiating or conducting an investigation

[ ]  Providing a service

[ ]  Managing any risk

Describe:

* why you need the information, and
* how the information will help you to carry out the activity (for the child's/children's wellbeing or safety):

|  |
| --- |
|       |

### Threshold part 3 – Excluded information

Is this information known to be ‘excluded information’ under Part 6A of the Act (or restricted from sharing by another law)?

[ ]  No – Sharing can proceed

[ ]  Yes – You must review and revise your request to remove ‘excluded information.

## Contact

We need to understand your views and action to help us consider whether sharing this information would be:

* appropriate
* safe, and
* reasonable.

### Contact with the child/children or the relevant family member

Have you contacted the child/children or their relevant family member to:

* seek their views on information sharing, and
* advise them that you are requesting information from BDM?

[ ]  Yes

[ ]  No

Provide details/reasons:

|  |
| --- |
|       |

### Contact with another individual

If you have requested information from BDM about another individual, have you contacted the individual to:

* seek their views on information sharing, and
* advise them that you are requesting their information from BDM?

[ ]  Yes

[ ]  No

[ ]  Not applicable

Provide details/reasons:

|  |
| --- |
|       |