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:

|  |
| --- |
|  |