Child Information Sharing Scheme

Request for information from the Registry of Births, Deaths and Marriages Victoria

**PROTECTED: Sensitive Personal**

This document may contain 'protected information' as defined under the Child Wellbeing and Safety Act 2005.

# Details of requesting Information Sharing Entity (ISE)

|  |  |
| --- | --- |
| Name of ISE |       |
| ISE address |       |
| Contact person (full name) |       |
| Job title |       |
| Phone |       | Email |       |

By submitting this form to Births, Deaths and Marriages Victoria (BDM), you are confirming that you are authorised to request the information under the Child Information Sharing Scheme in your official capacity on behalf of the ISE, prescribed 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

### Child's details

|  |  |
| --- | --- |
| Given name(s):       | Family name:       |
| Date of birth |       |
| Was the child born in Victoria?: | [ ]  Yes [ ]  No [ ]  Unknown |

Further information (if required, or for group of children, provide the same details as above for all children):

|  |
| --- |
|       |

### Parent or guardian 1 details

|  |  |
| --- | --- |
| Given name(s):      | Family name:       |
| Address |       |
| Phone number |       |
| Relationship to the child: | [ ]  Mother[ ]  Father[ ]  Guardian |

Further information (if required):

|  |
| --- |
|       |

### Parent or guardian 2 details

|  |  |
| --- | --- |
| Given name(s):       | Family name:       |
| Address |       |
| Phone number |       |
| Relationship to the child: | [ ]  Mother [ ]  Father [ ]  Guardian |

Further information (if required):

|  |
| --- |
|       |

# Details of request

Information you require:

|  |
| --- |
|       |

Background information (if required):

|  |
| --- |
|       |

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

The information will be used to carry out the following activity 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 require the information and how the information will help you to carry out the activity (for the child's/children's wellbeing or safety):

|  |
| --- |
|       |

# Contact

To help BDM consider if it is appropriate, safe and reasonable to discuss this request, and information sharing in relation to the request, we need to understand your views and action.

## 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:

|  |
| --- |
|       |