



EWHS Family Violence Information Sharing Scheme Request Form

Information Sharing Entities (ISE's) and Risk Assessment Entities (RAE's) requesting information from East Wimmera Health Service under the Family Violence Information Sharing Scheme (FVISS) are required to complete the details below and send to: ISS@ewhs.org.au.

A response will be sent within three working days. If urgent please phone 5477 - 2129 and request to speak with the FOI Officer. Please password protect word document prior to emailing.

Date:		Agency/Organisation:	
Referred Name:		Referrer Phone Number:	

Family Violence Information Sharing Scheme (FVISS) Request	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Information Sharing Scheme Request	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Client Name:	
Date of Birth:	
Address:	
Phone Number/s	

Information being requested:	
Who is the request in relation to:	
Rationale for requesting information.	
Risk Assessment:	
Reason for referral:	
Client aware of referral and has given consent:	

EWHS OFFICE USE ONLY	
Please record Client UR No:	
Information provided:	
Rationale for declining:	