

**City of Melbourne**  
**Family Violence and Child Information Sharing Request**  
**Send your request to: [ISErequest@melbourne.vic.gov.au](mailto:ISErequest@melbourne.vic.gov.au)**



Requesting Information Sharing Entity details	
ISE agency name:	ISE contact name and mobile no:
Request date:	Email:

Information request must meet the threshold as stated in the *Child Wellbeing and Safety Act 2005* (<http://www.legislation.vic.gov.au/>)

<b>Information request relates to</b>	<input type="checkbox"/> FVIS	<input type="checkbox"/> CIS
---------------------------------------	-------------------------------	------------------------------

The subject of the request		
Full name:	DOB:	Address:
Child's name:	DOB:	Address:
Is any of the information being requested excluded information under the <i>Child Wellbeing and Safety Act 2005</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the wellbeing of a child or group of children at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Information requested by ISE
1.
2.
3.
4.

Information authorised and shared by CoM ISE employee details		
Name:	Position:	Phone:
Name (Secondary):	Position:	Phone:

**City of Melbourne  
Family Violence and Child Information Sharing Response**



The subject of the request		
Full name:	DOB:	Address:
Child's name:	DOB:	Address:
Is any of the information being requested excluded information under <i>Child Wellbeing and Safety Act 2005</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the wellbeing of a child or group children at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Information provided by City of Melbourne as the ISE
1.
2.
3.
4.

Information authorised and shared by CoM ISE employee details		
Name:	Position:	Phone:
Name (secondary):	Position:	Phone:

I, ..... declare this information to be true and correct to the best of my knowledge on this day .....