**Information Sharing Request**

Please send completed form to Intake Worker by email [intake@intouch.org.au](mailto:intake@intouch.org.au) or fax (03) 9429 0081

**DETAILS OF REQUEST**

**Who is the subject of the request?**

* An alleged perpetrator (RAEs only)
* A perpetrator
* An adult victim survivor (no child at risk)
* An adult victim survivor (child at risk)
* A child victim survivor

Details (name/DOB/address/contact number) if known:

**Has consent been obtained from the adult victim survivor?**

Verbal Consent Date/Time:

Signature (if obtained)

*If consent was not obtained, provide a statement explaining the reasons why consent was not sought and obtained*

**Name and Position of Requester:**

**Date of Request:**

**Contact details (mobile and email):**

**Agency Name:**

*Is the Agency a:*

Risk Assessment Entity (RAE)

Information Sharing Entity (ISE)

Both

|  |
| --- |
| **What is the purpose of the request?**  Family Violence Assessment (RAEs only)  Family Violence Protection  **What information are you requesting?**  *(Please indicate the specific information you are requesting, the reason why it is needed, including any risk factors or circumstances indicating the urgency of the request)* |