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| **Service:** |  | |
| **Name of person completing this form:** | |  |

**Section 1**

*\* Indicates a required field*

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| **Are you responding to an information sharing request?** | Yes  No, I am seeking voluntarily – *go to section 2* |
| **What was the date of the request? \*** |  |
| **Which information sharing entity (ISE) requested the confidential information? \*** |  |
| **You are required to inform your Early Education Advisor, the Operations Manager or the CEO of the request to share information. On what date did you do this and how was it done? \*** | Date:  Who informed?  How informed? |
| **Are you sharing the confidential information requested? \*** | Yes – *go to section 2*  No |
| **What confidential information did the ISE request? \*** |  |
| **Why did you refuse the request? \*** |  |
| **What date did you advise the requesting ISE in writing of your refusal? \*** |  |

**Section 2**

|  |  |
| --- | --- |
| **What date did you share the confidential information? \*** |  |
| **Which ISE received the confidential information? \*** | ISE:  Name:  Contact: |
| **Whose confidential information did you share (may be multiple people)?** |  |
| **Did you seek the views of the people you listed? If no for any person, record why. \*** |  |
| **Did you advise the people listed that their information was disclosed? \***  **How and when did you advise them?**  **If you did not advise them, why did you choose not to advise?** |  |
| **Provide details of the confidential information you shared. \***  **You should include how you met the threshold for sharing:**   1. *You are disclosing information for the purpose of promoting the wellbeing or safety of a child or group of children.* 2. *You reasonably believe sharing the information may assist the receiving ISE to make a decision, assessment or plan; initiate or conduct an investigation; provide a service; or manage any risk; and* 3. *The information you are disclosing is not known to be excluded information and is not restricted from sharing by another law.* |  |
| **Have you attached a copy of any family violence risk assessments or safety plans for a child or relevant family member? \****Required where they exist* | Yes  N/A |
| **You are required to inform your Early Education Advisor, the Operations Manager or the CEO of the outcome/results of the shared or requested information. On what date did you do this and how was it done?** | Date:  Who informed?  How informed? |
| **Any Additional notes:**  *Include date note was made, who made note/s and relevant information to be added:* | |
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