



DOMESTIC AND FAMILY VIOLENCE INFORMATION SHARING SCHEME EXAMPLE RECORD KEEPING FORM – FOR AN ISE REQUESTING INFORMATION

This is an example record keeping form for an Information Sharing Entity (ISE) making a request for information under Chapter 5A of the *Domestic and Family Violence Act 2007* (NT). This is not a mandatory form but can be used or adapted by ISEs to ensure they are keeping appropriate records and documentation. For more information and guidance, refer to the Information Sharing Guidelines at <https://territoryfamilies.nt.gov.au/dfv/informationsharing>

1	Name of ISE making the request for confidential information	Click or tap here to enter text.
2	Name, position and contact details of the person who made the request	Name: Position: Phone: Email:
3	Is the person making the request is authorised to request under Chapter 5A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of ISE receiving the request	Click or tap here to enter text.
5	Name, position and contact details of the person who responded to the request	Name: Position: Phone: Email:
6	Have you checked that this person is authorised to respond under Chapter 5A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Date of the request	Click or tap here to enter text.
8	Names of the person/people who are the subject of this request?	Click or tap here to enter text.



9	<p>What confidential information is being requested?</p> <p><i>Only information that is needed to assess, prevent or lessen a serious threat to a person's life, health, safety or welfare because of DFV should be shared.</i></p>	Click or tap here to enter text.
10	Was the confidential information shared?	<input type="checkbox"/> Yes, all of it <input type="checkbox"/> Yes, some of it <input type="checkbox"/> No Click or tap here to enter text.
11	Details of the confidential information that was shared.	Click or tap here to enter text.
12	Date confidential information was shared	Click or tap here to enter text.
13	<p>Was there a refusal to share some, or all of the information requested?</p> <p>If yes:</p> <ul style="list-style-type: none"> • what was the date of the refusal? • what was the reason for the refusal? • was the refusal and the grounds for the refusal provided in writing? <p><i>If an ISE refuses to share information with another ISE who has made a valid information request, the ISE must provide the refusal and the grounds for the refusal in writing.</i></p>	<input type="checkbox"/> Yes, all of it <input type="checkbox"/> Yes, some of it <input type="checkbox"/> No Click or tap here to enter text.
14	Name and position of person completing this form	Click or tap here to enter text.
15	Date of form being completed	Click or tap here to enter text.

Keeping confidential information secure is a critical part of managing risks to people's safety. Ensure that this form is stored securely and safeguarded against privacy breaches, in accordance with the appropriate confidential record keeping policies and processes.

