



DOMESTIC AND FAMILY VIOLENCE INFORMATION SHARING SCHEME

EXAMPLE RECORD KEEPING FORM – FOR AN ISE RECEIVING A REQUEST FOR INFORMATION

This is an example record keeping form for an Information Sharing Entity (ISE) receiving 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://families.nt.gov.au/domestic,-family-and-sexual-violence/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	Have you confirmed that 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 is responding to the request	Name: Position: Phone: Email:
6	Is this person 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 did the ISE request?</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	<p>Have you sought the consent of the people you listed at 8? If no for any person, record why.</p> <p><i>Consent should be obtained unless it is not safe, possible and practical to do so.</i></p>	Click or tap here to enter text.
11	<p>Have you checked that the information is as accurate and complete as possible?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Click or tap here to enter text.
12	<p>Is information sharing prohibited because sharing will endanger a person's life or physical safety?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Click or tap here to enter text.
13	<p>Is information sharing prohibited for another reason?</p> <p><i>Information must not be shared if the ISE reasonably believes that sharing the information could:</i></p> <ol style="list-style-type: none"> <i>1. prejudice a police investigation, coronial inquest or inquiry or proceeding in a court or tribunal?</i> <i>2. contravene the privilege between a lawyer and client?</i> <i>3. reveal the identity of a confidential police source?</i> <i>4. contravene the Criminal Records Spent Convictions Act or any other Act?</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No Click or tap here to enter text.
14	<p>Have you gone through any necessary internal approval processes to share the information?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Click or tap here to enter text.
15	<p>Are you sharing the confidential information requested?</p> <p>If you are refusing to share some, or all of it:</p> <ul style="list-style-type: none"> • why did you refuse the request (or parts of it)? • what date did you advise the requesting ISE of your decision to refuse to share? • have you provided the refusal and the grounds for the refusal in writing? <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> <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.
16	<p>Details of the confidential information shared.</p>	Click or tap here to enter text.



17	Date confidential information was shared	Click or tap here to enter text.
18	Did you advise the people listed at 8 that their information was disclosed and why?	Click or tap here to enter text.
19	Name and position of person completing this form	Click or tap here to enter text.
20	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.

