



Chapter 5A information request – Family Dispute Resolution (Child Protection Act 1999)

Department of Children, Youth Justice and Multicultural Affairs

Requesting information from the Department of Children, Youth Justice and Multicultural Affairs (Child Safety)

Chapter 5A: Service delivery coordination and information sharing within the *Child Protection Act 1999* provides for the exchange of information between Child Safety, prescribed entities, and service providers for a range of purposes to meet the protection and care needs of children, promote their wellbeing and to coordinate the delivery of services appropriately and effectively to them.

PART ONE: To be completed by the family dispute resolution practitioner

All fields in section A, B and C MUST be completed to ensure informed and lawful decisions about information sharing can be made and that the information being requested is for the purpose of meeting a child's protection and care needs. Once completed, please return this form to **FDR_CS@cyjma.qld.gov.au**

Section A – Details of the requesting family dispute resolution practitioner

Information is requested under the authority of Chapter 5A, section 159MD of the *Child Protection Act 1999* by:

Name		Job title	
Agency Name		Date of Request	Date of Planned Mediation
I confirm, the above-named Family Dispute Resolution Practitioner is accredited, and their details are on the Australian Government Attorney-General's Department accreditation register - <u>Family Dispute Resolution Register (ag.gov.au)</u> . If private practitioner, please attach evidence of accreditation.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email		Telephone	
Form completed by (Name)		Position	

Section B - Particulars of the child and parties

Include the details of all children the Family Dispute Resolution mediation relates to and the details of both parties involved in the mediation. Include details of all individuals relevant to the assessment of suitability of mediation.

Family name (include aliases)	Given names	Date of birth	Gender	Relationships (e.g., the child, mother, father, step-mother)	Other identifying information to help with the request (e.g., address)



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Section C: Purpose and relevance of the information needed

This section relates to why the information is required and how it will be used. Please complete all sections below

To assess the suitability of a Family Dispute Resolution mediation process to agree parenting arrangements for the named child and parties in section B above.

Yes No

Other (Please state)

What has prompted this request? Please provide a response to each question below. If "Yes" is selected, details must be provided.

Named party/s have indicated current involvement with Child Safety (QLD)

Yes No

Details:

Named party/s have indicated past involvement with Child Safety (QLD)

Yes No

Details:

Family Dispute Resolution practitioner reasonably suspects at least one of the parties is or has been the victim of domestic and family violence perpetrated by the other party.

Yes No

Details:

Family Dispute Resolution practitioner has suspicions about possible involvement with Child Safety (QLD)

Yes No

Details:

Family Dispute Resolution practitioner has suspicions about possible risk of harm to the named child

Yes No

Details:

**Please note: This form does NOT constitute a report to Child Safety. Please follow your agency procedures for reporting to Child Safety any suspicions of abuse, ill treatment or psychological harm.*

Other:

Yes No

Details:

If you have further additional information to include in section C above, please include this in the body of your email.

Please return this form to FDR_CS@cyjma.qld.gov.au once all sections above are complete.