

# Information request to Oranga Tamariki

Section 66C of the Oranga Tamariki Act 1989



To: Oranga Tamariki or name of specific staff member:

Date:

If you know the contact details of the specific staff member listed above, please email them your completed form. If not, please send your completed form to [infosharing@ot.govt.nz](mailto:infosharing@ot.govt.nz)

Re: Name of tamaiti/tamariki:

DOB:

Current address:

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## 1. Your details

Organisation or business:

Name and role:

Email address:

Contact phone number(s):

Postal address:

Alternative contact person:

Alternative contact person's phone number:

## 2. Request details

I am a member of a child welfare and protection agency or an independent person working in the child welfare and protection sector as defined in the **Oranga Tamariki Act 1989**.

I am requesting access to information you may hold in relation to:

Name (including also known as):

Address:

DOB:

Their relationship to te tamaiti:

**I am requesting this information under section 66C of the Oranga Tamariki Act to:**

Please tick the boxes that apply:

to prevent or reduce the risk of a tamaiti being harmed, ill-treated, abused, neglected or deprived

make or contribute to an assessment of risk or need in relation to a tamaiti

make, contribute to, or monitor and support a plan for a tamaiti where the plan relates to the activities of Oranga Tamariki

prepare, implement, or review a prevention plan or strategy issued by Oranga Tamariki

arrange, provide or review services facilitated by Oranga Tamariki for a tamaiti and their whānau

carry out functions in relation to a family group conference, a tamaiti in care, or any care and protection function under Part 2 of the Oranga Tamariki Act.

### Statement of Confidentiality

The information contained in this request and any associated pages is intended for the named recipient. If you have received this in error, please notify us immediately so that we can arrange for the destruction and/or retrieval of the information. Note that any unauthorised disclosure, photocopying, distribution or other use of this information is prohibited.

### **3. Please specify**

**The reason I am requesting the information now is:**

What triggered your concerns? Detail your current involvement, concerns, the purpose or decision you are trying to inform. How will this information assist you in your decision making, or the activities you are undertaking?

**The information I am requesting is:**

Outline the details of the information you need in as clearly as you can. It may be helpful to request information as a series of questions.

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## **4. Consultation**

Is te tamaiti, their whānau or the person concerned aware that this information is being requested?

Yes      No

**If no, why?** Explain the reason for this. Be specific about safety issues or issues that need to be considered by the receiver in relation to their assessment about consultation with te tamaiti, their representative or the person the information is about.

**If yes, what was their view on this information sharing?** Are they happy for the request to be made? If te tamaiti and/or their whānau re not wanting us to gather this information why have we decided to go ahead with the request? Is te tamaiti and/or their whānau aware that the receiving agency will need to consult with them about the information they wish to share? Have they requested to have a support person present?

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**To enable us to consult with te tamaiti, or specified person about the information we propose to disclose please provide contact details for te tamaiti or their representative, or the person the information relates to:** Provide the phone number or contact details for te tamaiti or the person concerned, or name of the representative to be consulted with.

## **5. Timeframe**

When do you need this information?

Why is it important for you have it by then?

If you have any queries, wish to talk over the request, or are unable to meet the requested timeframe, please contact me on the above phone number or e-mail address to discuss.

Thank you for your assistance.

**Applicant signature**

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