MIMMS courses teach a systematic and practical approach to field medical management at disasters, which can be applied to any major incident. The emphasis is on scene management and pre-hospital care, learned through:

- structured lectures
- table-top exercises
- practical exercises in radio communication
- casualty triage exercises
- workshops

**MIMMS Team Member (1 day)**

**Aim**

To provide first responders with an understanding of pre-hospital disaster management.

**Course Content**

- pre-hospital application of triage Sieve and Sort
- application of radio skills
- awareness of principles for command and control
- treatment and transport
- establishment of CCP

**Target Audience**

Members of a medical/ambulance response team who will have a more ‘hands-on’ role in the field rather than a command or coordination role.

Emergency personnel involved in emergency and disaster management (e.g. Police, DFES and SES) will find the course beneficial to understanding health and ambulance service roles and operating procedures at a major incident site.

MIMMS certification is valid for four years.

Disaster Management Training & Development
2019-20 Major Incident Medical Management Support (MIMMS)
Regional Course Application Form

All application forms require a signature from your authorising officer/manager
Electronic signatures will not be accepted

Step 1   Complete section 1 and 2 of this form.
Step 2   Print form and provide to authorising officer for completion of sections 3 and 4 - including signature.
Step 3   Scan signed application form and email to DPMUTraining@health.wa.gov.au

SECTION 1: Course

<table>
<thead>
<tr>
<th>Course</th>
<th>Closing Date</th>
<th>Location</th>
<th>Govt. Rate</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIMMS Team Member</td>
<td>11th February 2020</td>
<td>30th Dec</td>
<td>☐ Funded</td>
<td>☐ $195</td>
</tr>
</tbody>
</table>

Govt. Rate: Applies to applications funded by the WA Department of Health, associated emergency response partners (i.e. SJA, DFES, WAPOL, and Defence), publicly contracted hospitals (Peel, JHC, SJOG, MPPH) and self-funded WA Department of Health employees. All others: Applies to anyone not in the above categories.

SECTION 2: Applicant Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Work phone</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td>Occupation</td>
</tr>
<tr>
<td>First Name</td>
<td>Organisation</td>
</tr>
<tr>
<td>Preferred Name</td>
<td>Department</td>
</tr>
<tr>
<td>Mobile</td>
<td>Work Region</td>
</tr>
<tr>
<td>Home phone</td>
<td></td>
</tr>
</tbody>
</table>

*Course manuals will be posted to the address provided above.

<table>
<thead>
<tr>
<th>Email Address*</th>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*All course communications will be provided to the email address provided above.

Department of Health Staff – additional information

WACHS Region/HSP

Health Facility Name

Do you have any special learning requirements? (E.g. large print, wheelchair access etc.)
☐ No ☐ Yes (please provide details)
**Diet**
We endeavour to cater for specific allergies, intolerances and cultural dietary requirements. Unfortunately personal preferences cannot be catered for, as this often incurs additional costs.

- Vegan ☐  Vegetarian ☐  No Pork ☐  No Red Meat ☐
- Diabetic ☐  Coeliac ☐

Allergies:

Other:

**SECTION 3: Management/Authorising Officer Approval**

<table>
<thead>
<tr>
<th>Title</th>
<th>HE #(Health Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>Department</td>
</tr>
<tr>
<td>Position</td>
<td>Email</td>
</tr>
<tr>
<td>Organisation</td>
<td>Contact Number</td>
</tr>
</tbody>
</table>

**I confirm that:**
- ☐ I support this application and will release the applicant from duty as stipulated.
- ☐ Failure to provide 5 working days' notice of a non-attendance will result in full costs being incurred under the below authority.

**The cost of the course will be covered by:**
- ☐ WA Health (Funded)  ☐ All other organisations & the individual applicant (please complete section 4)

**Signature:** ___________________________  **Date:** ____________

**SECTION 4: Payment Details (if applicable)**

- ☐ Payment by Invoice (Contact person required)

<table>
<thead>
<tr>
<th>Payer Name</th>
<th>Purchase Order #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position/Title</td>
<td>Email Address</td>
</tr>
<tr>
<td>Address</td>
<td>Contact Number</td>
</tr>
<tr>
<td>Suburb</td>
<td>State  Postcode</td>
</tr>
</tbody>
</table>

**Notes:**
1. Successful applicants will be notified approximately 4 weeks prior to the course via the email address provided.
2. If you require notification of successful application more than 4 weeks prior to the course, please contact the DPMU Training team.

**SECTION 5: Confirmation**

- ☐ I confirm that all information in this form is accurate
- ☐ I confirm that my manager has read section 3 of the form as is aware of the course dates and costs.
- ☐ I confirm that the payer or incurring officer and certifying officer named in section 4 are aware of and approve of the course fees.

Please scan completed application form and email to DPMUTraining@health.wa.gov.au