DM Portal Access Request Form

Applicant Details	(* mandatory fields are marked with an asterisk)
Given Name/s*	
Surname*	
Title	
Gender*	
Employee ID* (for your organisation)	
Organisation* (requesting access)	
Job Title	
Work Landline	
Mobile* (for two factor authentication)	
Email* (for system communications)	
Reason for Access	ves that one ha
Access to the DM Portal is restricted. Select all optic I am a member of the following:	ons that apply:
Local Disaster Management Groups (LDMG)	List your LDMGs
District Disaster Management Groups (DDMG)	List your DDMGs
Other	Please specify
	(4)4(0) (
☐ I require access to the Australian Warning Syster	
☐ I require access to the Emergency Alert testing te	emplates (Senior DM User)
Approval Process	
Approval is required from your QPS Emergen	ncy Management Coordinator (EMC):
 Email your completed and signed form to your If unsure who your EMC is, send the form to S 	
2. If unsure who your EMC is, send the form to s	ior assistance.
Conditions of Access	
By using the DM Portal, you agree to:	
 Comply with all terms and conditions. Review updates to these terms, which may chang 	e without prior notice
	recorded, with records treated as accurate and admissible.
By accessing the system, you consent to this monitoring.	
Applicant Signature:	EMC Signature:
Submi	t to EMC
for end	Name:
Date signed:	Date signed:
Office Use Only – To be completed by Emergency	Management Coordinator (EMC)
Environment/s Required: EMS Production	EMS Training

EMC to forward the completed form to EMS.Admin@police.qld.gov.au