DM Portal Access Request Form

Requester's Details
*Please note * denotes a mandatory field in the system.*

Given Name/s*	
Surname*	
Title	
Gender*	
Employee ID*	
Organisation*	
Job Title	
Work Landline	
Mobile*	
Email*	

Reason for access

Access to the DM Portal is restricted. To confirm why access is required, please tick the relevant option/s below that apply.

☐ Emergency Alert testing – email signed form to your local QPS Emergency Management Coordinator (EMC) as the Confirming Officer

What LDMGs do you have membership for?	
What DDMGs do you have membership for?	

☐ Australian Warning System templates – email signed form to QFES.AWS@qfes.qld.gov.au

<u>Conditions of access</u>
Your access to and/or use of EMS is conditional upon your acceptance and compliance with these terms and conditions. By accessing and using EMS, you agree to be bound by these terms and conditions. QFES has the right to change or discontinue these terms and conditions or any feature of EMS at any time without reference to you. It is your responsibility to ensure you are aware of any changes to these terms and conditions each time you use EMS. In using EMS, you acknowledge that details of your usage are monitored and automatically recorded, and you agree that our electronic record of your use of EMS is a true and correct record and will be relied on as such. By accessing and using this computer system you are consenting to this security monitoring.

Signature of user	*Submit to Authorising Officer for endorsement.*	*Signature of Confirming Officer*
Date signed:		*Name:* *Date signed:*

To be completed by Confirming Officer

Environment/s Required:	☐ EMS Production ☐ EMS Training

Return the completed form to DM.Portal@qfes.qld.gov.au.

Queensland
Government