



Major Incident Medical Management and Support (MIMMS)

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
- field exercises



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

Medical and nursing staff, paramedics and those who would have a role at an incident site.

MIMMS Advanced (3 days)

Aim

To provide first responders with an understanding of pre-hospital disaster management, with a particular focus on Health Commander and Coordinator roles.

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
- one-day practical exercise

Target Audience

Senior medical and nursing staff, paramedics and those who would have a Health Commander or Coordinator role at an incident site

MIMMS certification is valid for four years.

The DPMD Training Team

T: +61 9222 4090

E: DPMDTraining@health.wa.gov.au

Disaster Preparedness & Management Directorate | Public and Aboriginal Health Division



Disaster Management Training & Development

2025 Major Incident Medical Management Support (MIMMS)

Metropolitan Course Application Form

All application forms require a signature from your authorising officer/manager

Application Process:

- Step 1 Participant completes section 1 and 2 of this form
Step 2 Participant clicks 'Email Manager' button to email form to authorising officer for completion of section 3 - including signature
Step 3 Manager to email completed application form by clicking 'Email DPMD' button and sending to DPMDTraining@health.wa.gov.au

SECTION 1: Course Details

Course		Closing Date	Location	Govt. Rate	All Others
MIMMS Team Member	7 th August 2025	30 th June 2025	Perth	\$300	\$400
MIMMS Advanced	17 th - 19 th Sept 2025	4 th August 2025	Perth	\$900	\$1200
MIMMS Team Member	5 th November 2025	30 th Sept 2025	Perth	\$300	\$400

Govt. rate (WA-wide): Applies to applications funded by the WA Department of Health, associated publicly funded government emergency response partners (i.e., DFES, WAPOL, ABF and Defence), and self-funded WA Department of Health employees.

All others rate: Applies to anyone not in the above categories.

For reference, government rate applies to all agencies located here: <https://www.wa.gov.au/agency>

Notes:

- Submission of application form does not guarantee attendance. Successful applicants will be notified approximately six weeks prior to the course via the email address provided.
- If you require notification of successful application more than six weeks prior to the course, please contact the DPMD Training team.

Please complete all required fields in red to ensure your application is processed

SECTION 2: Applicant Information

Title	Phone
Surname	Mobile
First Name	HE # or
Preferred Name	Employee #
	Occupation

Postal Address*

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

Email Address*

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

Employment Details – Additional Information

Department
HSP/WACHS Region/Depot
Facility/Hospital/Employer

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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 Other

Allergies

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SECTION 3: Management/Authorising Officer Approval

Title	HE #(Health Staff)
Full Name	Department
Position	Email
Organisation	Contact Number

Payment Information

The cost of the course will be covered by:

WA Health (please complete section 3a) All other organisations & the individual applicant (please complete section 3b)

Be advised all courses now require pre payment before enrolment

3a – Department of Health Cost Centre

Entity #	Cost Centre #
Account #	Amount
Authorising Officer	Contact Number
Approved by Incurring Officer	Date: Email Address

OR

3b – Payment via Credit Card (Contact person required)

Payer Name	Purchase Order #
Position/Title	Email Address
Address	Contact Number
Suburb	State Postcode

I confirm that:

The above information in this form is accurate.

I have read section 1 of the form and I am aware of the course dates and costs.

The payer or authorising officer named in section 3 are aware of and approve the course fees.

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.

Signature: _____ **Date:** _____

Please click below button to email completed application form to DPMDTraining@health.wa.gov.au

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