



SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE

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APPLICATION FOR SAESI/IFSAC ACCREDITATION OR RE-ACCREDITATION AS A TRAINING AND EVALUATION CENTRE

1 ADMINISTRATION

Details of Institution seeking accreditation:

- a. Name: _____
- b. Address: _____

 _____ Code: _____
- c. Postal Address: _____

 _____ Code: _____
- d. Telephone: _____
- e. Fax: _____
- f. Email: _____
- h. Name of person responsible for the Institution: _____

2 INDICATE LEVELS FOR WHICH ACCREDITATION / RE-ACCREDITATION IS SOUGHT

HAZMAT First Responder: Awareness level	(NFPA 472)	(Doc Acc 4A HA)	YES	NO
HAZMAT First Responder: Operational level	(NFPA 472)	(Doc Acc 4B HO)	YES	NO
Fire Fighter 1	(NFPA 1001)	(Acc 4D FF1 & 2)	YES	NO
Fire Fighter 2	(NFPA 1001)	(Acc 4D FF1 & 2)	YES	NO
Fire Instructor 1	(NFPA 1041)	(Acc 4G FO 1)	YES	NO
Fire Officer 1	(NFPA 1021)	(Acc 4I FI 1)	YES	NO

3 GENERAL

Are any training courses currently presented by your Institution? YES NO
 (If so, attach prospectus)

4 INSTRUCTOR QUALIFICATIONS

NAME	SCHOLASTIC QUALIFICATIONS	ACADEMIC QUALIFICATIONS	SAESI/IFSAC LEVEL + REG NR

Total number of registered instructors available at your institution: _____
 (Please attach an organogram of your organization)

5 The following questions relate to the overall administration of the accreditation program. If a question can be answered yes or no, cross the relevant answer. If additional information is necessary to explain your answer, cross COMMENT and add the information in report format to your application.

" Please compile a complete manual containing written policies covering points 5.1 to 5.25 "

5.1	Does the entity have in place a written mission statement supported by goals that reflect the entity's training?	YES	NO	COMMENT
5.2	Does the entity have adequate space for classroom and manipulative skills testing at all test sites?	YES	NO	COMMENT
5.3	Do the facilities and equipment used by the entity ensure the health and safety of participants by meeting appropriate health and safety standards?	YES	NO	COMMENT
5.4	Does the entity have documentation of empowerment to apply for accreditation?	YES	NO	COMMENT
5.5	Is the entity training/evaluation personnel trained to the current of edition the NFPA Professional Qualifications Standards?	YES	NO	COMMENT
5.6	Is there a written policy that the entity will make evaluating and certifying services available to all fire service personnel without regard to race, sex or ethnic origin?	YES	NO	COMMENT
5.7	Has the entity established and published the prerequisites required to take examination at the various certification levels? (Prospectus)	YES	NO	COMMENT
5.8	Is there a written policy relating to the release of test scores?	YES	NO	COMMENT
5.9	Are test scores communicated to the candidate?	YES	NO	COMMENT
5.10	Are certification tests announced throughout the area served by the entity? (Year plan)	YES	NO	COMMENT
5.11	Does each candidate for training receive written DVD material describing the test?	YES	NO	COMMENT
5.12	Does the material announcing the test include a description of the test?	YES	NO	COMMENT
5.13	Does the material announcing the test describe how to prepare for the test?	YES	NO	COMMENT
5.14	Does the material announcing the test include examples of questions used in written portion of the test?	YES	NO	COMMENT
5.15	Does the material announcing the test include a list of texts or material that can be studied to prepare for the written test?	YES	NO	COMMENT
5.16	Are the skill test described in the prospectues?	YES	NO	COMMENT
5.17	Are skill test criteria described in the prospectus?	YES	NO	COMMENT
5.18	Are written and skill test given at convenient times and locations?	YES	NO	COMMENT
5.19	Are records kept on all test results?	YES	NO	COMMENT
5.20	Is there a written procedure on test security?	YES	NO	COMMENT
5.21	Is access to written materials restricted?	YES	NO	COMMENT
5.22	Is there a written criteria for the selection of test evaluators?	YES	NO	COMMENT
5.23	Is there a written procedure to allow participants to appeal certification decisions?	YES	NO	COMMENT

5.24 Is there a written procedure for the entity to collect and maintain the following data:

a	Names of candidates tested.	YES	NO	COMMENT
b	Identity number or equivalent.	YES	NO	COMMENT
c	Certification level records.	YES	NO	COMMENT
d	IFSAC set number.	YES	NO	COMMENT
e	SAESI membership	YES	NO	COMMENT

5.25 Is there a challenge policy in place? A Copy must be available. YES NO COMMENT

COMPLETE THE ATTACHED PRE-SITE VISIT SELF STUDY QUESTIONNAIRE

FOR OFFICIAL USE

DATE RECEIVED	
DATE PROCESSED	
PROCESSED BY	
COMMENTS	

TEAM LEADER		
TEAM MEMBERS		
REPRESENTATIVES: TRAINING CENTRE		

Remarks/Conditions:

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RECOMMENDATIONS:

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RESULTS OF ACCREDITATION/RE-ACCREDITATION SITE VISIT

HAZMAT First Responder: Awareness level	FULL	CONDITIONAL	NO
HAZMAT First Responder: Operational level	FULL	CONDITIONAL	NO
Fire Fighter 1	FULL	CONDITIONAL	NO
Fire Fighter 2	FULL	CONDITIONAL	NO
Fire Instructor 1	FULL	CONDITIONAL	NO
Fire Officer 1	FULL	CONDITIONAL	NO