

SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

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No. 295 Jorissen Street
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KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

APPLICATION:

RECOGNITION OF PRIOR LEARNING

ACC 17

Confined Space Rescue 1- NFPA 1006, 2008

First Name/s: _____

Surname: _____

ID Number: _____ Age: _____

Employer: _____

Postal _____

Address: _____

(Where result and certificate/s should be sent)

Postal Code: _____

Tel No: _____ Fax No: _____

Cell No: _____ Membership No. _____

PURPOSE:

The purpose of this procedure is to assess your academical qualification **in combination with** your **experience** to determine if Quality Assurance for the Confined Space Rescue 1 qualification is appropriate. Any person with a Confined Space Rescue Qualification or equivalent (Portfolio of evidence) and **3 years Fire or Rescue Department service** and an acceptable **CV of appropriate** experience can apply

PROCEDURE:

- Submit a certified copy of training attended which satisfy the requirements of NFPA 1006, chapter 7.
- Submit a certified copy of the course content and curriculum of course attended
- The decision of the Quality Assurance Committee will be final.
- After evaluation of the application, the applicant will be informed in writing of the outcome of the assessment and of what will be required for full Quality Assurance, if applicable.
- If an application is made with any other qualification, not presented by SAESI, the curriculum of the qualification and **Portfolio of Evidence** of the student should be included.
- Application with regards to experience should be completed on annexure A & B. (No other CV will be accepted)
- Proof of Payment MUST ACCOMPANY application

Experience/ History.

Date 1 st appointed in the Fire Dept.	
Highest Fire Qualification (Now)	
Position held.(Now)	
Designation (Now)	(Ops/Training/Admin Etc.)
Duration	From: to:

The application and proof should be marked "**Quality Assurance Committee**" and submitted to:

SAESI

P.O. Box 613

KRUGERSDORP

1740

Fax: 011 660 1887

Fax2Mail: 086 544 0008

Email: info@saesi.com

An administrative fee of R135.00 for members and R265.00 for non-members for **each** RPL application will be payable to SAESI before evaluation of the application. Proof of the payment should accompany the application.

The administration fee DOES NOT INCLUDE Certification/Seal fee.

Direct deposits can be made to:

The Southern African Emergency Services Institute. (SAESI)

Bank: ABSA

Account number: 310 810 045

Branch – Krugersdorp 632005

or the SAESI Branch Account to which you belong.

ANNEXURE: A

Employing Service (Where you have worked/are working)	Position/Rank (Held or are holding)	Date		Primary Functions (What you were / are doing)
		From	To	

ANNEXURE: B

C.V. - Confined Space Rescue 1, NFPA 1006, 2008 *Standard for Technical Rescuer Professional Qualifications*

This Annexure B should accompany your application for Quality Assurance on the grounds of Recognition of Prior Learning for Confined Space Rescue 1 [Form: ACC 17].

Briefly describe your **Roll as Confined Space Rescuer** in the following activities. Use all the headings listed below in your CV. The purpose of this is to be able to have a realistic impression of your experience to be able to assess your application fairly.

If you attended any courses related to the Criteria described in the CV, copies of the certificates can be attached.

This CV is required in addition to a certified copy of your Confined Space Rescuer Qualification or higher qualification.

Note: Please use additional paper if the space provided is not adequate.

1. General.

- Discuss your involvement in the conducting of the monitoring of the environment, given monitoring equipment reference material, personal protective equipment, accurately calibrated detection and monitoring equipment, and size-up information, so that a representative sample of the space is obtained, accurate readings are made, readings are documented, and effects of ventilation in determining atmospheric conditions and the conditions of the space have been determined for exposures to existing or potential environmental hazards, as per NFPA 1006, 7.1.1

- Discuss your involvement in the preparation for entry into the confined space, given a confined space and a confined space rescue tool kit, so that victim communication is established when possible, continuous atmospheric monitoring is initiated, rescuer readiness is verified, rescuers' limitations are identified and evaluated, rescuers unsuitable to entry operations are reassigned and replaced, route and methods of entry are determined, and rescuer evacuation is planned, as per NFPA 1006, 7.1.2

- Discuss your involvement in the entering of a confined space, given personal protective equipment; safety, communication, and operational protocols; and a confined space rescue tool kit, so that the victim is contacted, controlled entry is established and maintained, atmosphere is continuously monitored, the victim's mental and physical conditions are further assessed, patient care is initiated, the patient is packaged to restrictions of the space, and patient removal can be initiated., as per NFPA 1006, 7.1.3

- Discuss your involvement in the packaging of a victim for removal from a confined space, given a confined space rescue tool kit, so that damage to the rescue/retrieval equipment is prevented, the victim is given the smallest possible profile, and further harm to the victim is minimized, as per NFPA 1006, 7.1.4

- Discuss your involvement in the removing of all entrants from a confined space, given personal protective equipment, rope and related rescue and retrieval systems, personnel to operate rescue and retrieval systems, and a confined space rescue tool kit, so that internal obstacles and hazards are negotiated, all persons are extricated from a space in the selected transfer device, the victim and rescuers are decontaminated as necessary, and the victim is delivered to the EMS provider, as per NFPA 1006, 7.1.5

Declaration of Applicant & Management Representative/s

I, _____ (initials and surname of applicant) hereby confirm that the information is true and that I will accept the decision of the Quality Assurance Committee with regards to my application.

Sign: _____ Date _____

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I, _____ in my capacity as the Head of Training for _____ hereby confirm that the above mentioned information, provided above is correct to the best of my knowledge.

Sign: _____ Date _____
(Head of Training)

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I, _____ in my capacity as the Head of Organization / Department / Section _____ hereby confirm that the above mentioned information, provided above is correct to the best of my knowledge.

Sign: _____
(Head of Organization / Department / Section)

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