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 89

Swift Water Rescue 2- 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 Swift Water Rescue 2 qualification is appropriate. Any person with a Swift Water 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 12.
- 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 1st 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. - Swift Water Rescue 2, 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 Swift Water Rescue 2 [Form: ACC 89].

Briefly describe your ***Roll as Swift Water 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 Swift Water Rescuer Qualification or higher qualification.

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

1. **General Requirements.**

- Discuss your involvement in the performing of an entry rescue in the swiftwater/flooding environment, given personal protective equipment, and swiftwater rescue tool kit, so that rescue is accomplished, and adopted policies and safety procedures are followed, as per NFPA 1006, 12.2.1

- Discuss your involvement in the negotiating of a designated swiftwater course, given a course that is representative of the bodies of swiftwater existing or anticipated within the geographic confines of the AHJ, water rescue personal protective equipment, and swim aids as required, so that the specified objective is reached, all performance parameters are achieved, movement is controlled, hazards are continually assessed, distress signals are communicated, and rapid intervention for the rescuer has been staged for deployment, as per NFPA 1006, 12.2.2

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 _____ herby 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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