

# SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

## Contact Details:

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## Addresses:

No. 295 Jorissen Street  
Monument  
KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

APPLICATION:

RECOGNITION OF PRIOR LEARNING

ACC 107

## ***Wilderness 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 Wilderness Rescue 1 qualification is appropriate. Any person with a Wilderness 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 16.
- 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 <sup>st</sup> 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

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

## ANNEXURE: B

### **C.V. - Wilderness 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 Wilderness Rescue 1 [Form: ACC 107].

Briefly describe your **Roll as Wilderness 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 Wilderness 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 interviewing witness(es) at a rescue incident, given witness recording forms, so that available information as to the potential location, habits, mental and physical condition, clothing, and appearance of the victim can be determined; subject profile can be established; victim's last known location is identified; and search urgency and area(s) can be prioritized, as per NFPA 1006, 16.1.1

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- Discuss your involvement in the collection, interpretation, and documentation of evidence to determine victim's potential location at a rescue incident, given various pieces of evidence and collection and documentation equipment and wilderness tool kit, so that the scene (area is thoroughly searched and evidence is protected, documented, cataloged, and collected, as per NFPA 1006, 16.1.2

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- Discuss your involvement in the preparation to work in a wilderness environment for a 24-hour period of time at a rescue incident, given survival equipment, so that the rescuer can be self-sustaining in the wilderness environment, as per NFPA 1006, 16.1.3

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- Discuss your involvement in the navigation in the wilderness to a specified location, given navigation equipment, topographical maps for the area to be navigated, and communication equipment, so that the specified location is identified and reached, search patterns are conducted, teams are guided to the desired location, and all clues relative to the location of the search victim are identified and communicated back to the command post, as per NFPA 1006, 16.1.4

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- Discuss your involvement in the construction of an emergency shelter in a wilderness environment during a rescue incident, given the natural resources of the area, so that the rescuer is protected from the elements, as per NFPA 1006, 16.1.5

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- Discuss your involvement in the collection and purifying of water, given a natural source of water in the wilderness environment, so that the rescuer can have potable water to consume, as per NFPA 1006, 16.1.6

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- Discuss your involvement in the identifying of potential natural food source(s) in a wilderness environment, given the natural food resources of the area, so that the rescuer is able to survive in an emergency situation for an extended period of time., as per NFPA 1006, 16.1.7

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- Discuss your involvement in the establishment for the need for specialized resources in wilderness search and rescue operations, such as aircraft, watercraft, or specialized vehicle, given operational protocols and specialized vehicle resources, so that resources are allocated and utilized during the operation to locate and/or remove the subject, as per NFPA 1006, 16.1.8

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- Discuss your involvement in the locating a victim in a wilderness rescue incident environment, given a lost person profile, established search area, navigation equipment, topographical maps, and communication equipment, so that the victim's location can be determined, as per NFPA 1006, 16.1.9
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- Discuss your involvement in the managing of a victim in a wilderness rescue incident, given a basic life support kit, and wilderness tool kit, so that the basic medical care of the victim is managed during transport, and the potential for further injury is minimized, as per NFPA 1006, 16.1.10
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- Discuss your involvement in the movement of a victim in a wilderness rescue incident, given victim transport equipment, litters, other specialized equipment, and victim removal systems specific to the rescue environment, so that the victim is moved without undue further injuries, risks to rescuers are minimized, the integrity of the victim's packaging within the transfer device is established and maintained, and the victim is removed from the hazard, as per NFPA 1006, 16.1.11
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### **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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