

# SOUTHERN AFRICAN EMERGENCY SERVICES

# INSTITUTE NPC

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KRUGERSDORP, 1739



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NPC 2014/162285/08

APPLICATION: RECOGNITION OF PRIOR LEARNING ACC 32

## ***Public Fire and Life Safety Educator 2-NFPA 1035, 2010***

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 Public Fire and Life Safety Educator 2 qualification is appropriate. Any person with a Public Fire and Life Safety Educator Qualification or equivalent (Portfolio of evidence) and **1 year fire fighting service** and an acceptable **CV of appropriate** experience can apply.

**PROCEDURE:**

- Submit a certified copy of training attended which satisfy the requirements of NFPA 1035, chapter 6.
- 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 R121.00 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> <i>(Where you have worked/are working)</i>	<b>Position/Rank</b> <i>(Held or are holding)</i>	<b>Date</b>		<b>Primary Functions</b> <i>(What you were / are doing)</i>
		<b>From</b>	<b>To</b>	

**ANNEXURE: B**

**C.V. - Public Fire and Life Safety Educator 2-NFPA 1035, 2010**  
*Standard for Professional Qualifications for Public Fire and Life Safety Educator*

This CV should accompany your application for Quality Assurance on the grounds of Recognition of Prior Learning for Public Fire and Life Safety Educator 2 [Form: ACC 32].

Briefly describe your **Public Fire and Life Safety Educator** 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 Public Fire and Life Safety Educator Qualification or higher qualification.

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

**1. Administration.**

- Discuss your involvement in the preparation of a written budget proposal for a specific program or activity, given budgetary guidelines, program needs, and delivery expense projections, so that all guidelines are followed and the budget identifies all program needs , as per NFPA 1035, 6.2.1

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- Discuss your involvement in the project program budget income/expenditures, given program needs, past expenditures, current materials, personnel cost, and guidelines, so that projections are within accepted guidelines and program needs are addressed in the projected income/expenditures , as per NFPA 1035, 6.2.2

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- Discuss your involvement in the development of a public policy recommendation for management, given a fire or injury issue and policy development guidelines, so that justification for the policy is provided, the issue is explained, the policy identifies solutions, and the impact or benefit from adopting the policy is stated , as per NFPA 1035, 6.2.3

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- Discuss your involvement in the evaluation of subordinate performance, given written performance criteria, organizational policies or performance evaluations forms, so that the employee is evaluated objectively, feedback is provided to the employee, and the evaluation is completed according to organizational policy and procedures , as per NFPA 1035, 6.2.4

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**2. Planning and Development.**

- Discuss your involvement in the establishment fire and life safety education priorities within a program, given relevant local loss and injury data, so that local fire and life safety education activities address identified risk priorities, as per NFPA 1035, 6.3.1

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- Discuss your involvement in the facilitation of a fire and life safety collaborative partnership, given information about the organizations in the partnership, the goals of the partnership, and organizational guidelines, so that fire and life safety education objectives for the partnership are achieved, as per NFPA 1035, 6.3.2

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- Discuss your involvement in the preparation of a request for resources from an external organization, given department/agency policies on requesting resources and a description of the resources needed, so that the request identifies needed resources and conforms to department/agency policies and the requirements of the resource provider, as per NFPA 1035, 6.3.3

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### 3. Education.

- Discuss your involvement in the development of informational material, given an identified fire or life safety objective and characteristics of the target audience, so that information provided is accurate, relevant to the objective, and specific to the characteristics and needs of the target audience, as per NFPA 1035, 6.4.1

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- Discuss your involvement in the development of a lesson plan, given learning objectives and a specified audience(s), so that the objectives are met and the needs of the target audience are addressed, as per NFPA 1035, 6.4.2

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- Discuss your involvement in the development of educational materials, given a lesson plan and a specified audience, so that the materials support the lesson plan and are specific to the audience, as per NFPA 1035, 6.4.3

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- Discuss your involvement in the designing of a fire and life safety education program, given a comprehensive educational strategy, a target audience and their characteristics, so that the goals of the given strategy are addressed , as per NFPA 1035, 6.4.4

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- Discuss your involvement in the revision of an educational program, given results of an evaluation process and program objectives, so that the program is modified and objectives are achieved , as per NFPA 1035, 6.4.5

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#### 4. Evaluation.

- Discuss your involvement in the development of an evaluation strategy, given educational program goals and objectives and evaluation instrument(s), so that program outcomes are measured, as per NFPA 1035, 6.5.1

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- Discuss your involvement in the designing of an evaluation instrument, given educational program goals and objectives and an evaluation strategy, so that the evaluation instrument measures the program outcome, as per NFPA 1035, 6.5.2

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- Discuss your involvement in the implementation of an evaluation strategy, given educational program goals and objectives and evaluation instrument(s), so that educational program outcomes are measured, as per NFPA 1035, 6.5.3

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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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