

# SOUTHERN AFRICAN EMERGENCY SERVICES

# INSTITUTE NPC

Room 424, 4<sup>th</sup> Floor, United Building  
Cor. Monument & Ockerse Street  
KRUGERSDORP, 1739



PO Box 613, KRUGERSDORP, 1740

Phone: 011-660 5672

Fax: 011-660 1887

Fax: 086-544 0008

Email: [info@saesi.com](mailto:info@saesi.com)

Website: [www.saesi.com](http://www.saesi.com)

NPC 2014/162285/08

APPLICATION:

RECOGNITION OF PRIOR LEARNING

ACC 71

## ***Public Information Officer -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 Information Officer qualification is appropriate. Any person with a Public Information Officer Qualification or equivalent (Portfolio of evidence) and **3 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 8.
- 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> (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. - Public Information Officer - 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 Information Officer [Form: ACC 71].

Briefly describe your **Public Information Officer** 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 Information Officer Qualification or higher qualification.

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

**1. Administration.**

- Discuss your involvement in the conducting of media interviews, given incident information, Public Information Officer (PIO) worksheets, and organizational policies, so that all information compiled on worksheets is disseminated accurately to the media and in a timely manner to the media, as per NFPA 1035, 8.2.1

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- Discuss your involvement in the establishment of a media area, given incident or event information, organizational policies, and types of media present, so that the area provides for the safety of all media and facilitates effective communication , as per NFPA 1035, 8.2.2

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- Discuss your involvement in coordinating dissemination of information to specific community groups, given organizational policies and methods for contacting other groups and organizations, so that the information is communicated to the groups accurately and in a timely manner, as per NFPA 1035, 8.2.3

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- Discuss your involvement in the preparation of a news release, given incident or event information and organizational policies, and news release format, so that the news release is pertinent, timely, concise, and accurate , as per NFPA 1035, 8.2.4

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- Discuss your involvement in the preparation of a media advisory, given incident or event information and organizational policy, so that the media advisory is pertinent, timely, concise and accurate, as per NFPA 1035, 8.2.5

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- Discuss your involvement in the disseminating of information to the media, given news release or media advisory, characteristics of local media, including deadlines, organizational policies, and methods available to reach the media, so that the information is timely and accurate, as per NFPA 1035, 8.2.6

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- Discuss your involvement in the disseminating of information to an internal target audience, given incident or event information, organizational policies, methods, and time frame for releasing information, so that the information is timely and accurate, as per NFPA 1035, 8.2.7

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- Discuss your involvement in the coordination of a news conference for the media, given incident, event, or issue information; media characteristics, methods available for reaching media, and organizational policies on news conferences, so that a site is obtained, desired media are notified, a news conference agenda is established, a media information package is created, and participants in the news conference are notified, as per NFPA 1035, 8.2.8

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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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