SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Contact Details:

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Registration No. 2014/162285/08

Addresses: No. 295 Jorissen Street Monument KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

APPLICATION: RECOGNITION OF PRIOR LEARNING

ACC 41

Fire Instructor 1 - NFPA 1041, 2007

First Name/s:	
Surname:	
ID Number:	Age:
Employer:	
Postal	
Address:	
(Where result and cert	tificate/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 accreditation for the Fire Instructor 1 qualification is appropriate. Any person with a Fire Fighting / Officer Qualification or equivalent (Portfolio of evidence) and **6 years supervisory 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 1041, chapter 4.
- Submit a certified copy of the course content and curriculum of course attended
- The decision of the Accreditation 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 accreditation, 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 Working Group" and submitted to:

P.O. Box 613 KRUGERSDORP

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 <u>NOT</u> 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	D 111 /D 1	Date Date		Baiman Faragian	
Service (Where you have worked/are working)	Position/Rank (Held or are holding)	From	То	Primary Functions (What you were / are doing)	

ANNEXURE: B

C.V. -FIRE INSTRUCTOR 1, NFPA 1041, 2007 Standard for Fire Instructor Professional Qualifications

This CV should accompany your application for accreditation on the grounds of Recognition of Prior Learning for Fire Instructor I [Form: ACC 41].

Briefly describe your *Roll as Fire Instructor* 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 Fire Fighting / Officer Qualification or higher qualification.

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

1. Program Management.

Definition: The management of basic resources and the records and reports essential to the instructional process

	to deliver the lesson are obtained as per NFPA 1041. 4.2.2
1	Discuss your involvement in the preparation training records and report forms, that required reports are accurately completed and submitted in accordance wit the procedures as per NFPA 1041. 4.2.3.
1.	nstructional Development.
11	istructional Development.
ni	tion: The review and adaptation of prepared instructional materials.
	Discuss your involvement in the reviewing of instructional materials, given the materials for a specific topic, target audience and learning environment, so that
	elements of the lesson plan, learning environment, and resources that need adaptation are identified as per NFPA 1041. 4.3.2
	elements of the lesson plan, learning environment, and resources that need
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	elements of the lesson plan, learning environment, and resources that need adaptation are identified as per NFPA 1041. 4.3.2 Discuss your involvement in the adaption of a prepared lesson plan, so that the needs of the student and the objectives of the lesson plan are achieved as per
	elements of the lesson plan, learning environment, and resources that need adaptation are identified as per NFPA 1041. 4.3.2 Discuss your involvement in the adaption of a prepared lesson plan, so that the needs of the student and the objectives of the lesson plan are achieved as per
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	elements of the lesson plan, learning environment, and resources that need adaptation are identified as per NFPA 1041. 4.3.2 Discuss your involvement in the adaption of a prepared lesson plan, so that the needs of the student and the objectives of the lesson plan are achieved as per

Definition: The delivery of instructional sessions utilizing prepared course materials.

Discuss your involvement in the Organizing of a classroom, laboratory, or outdoor learning environment, so that lighting, distractions, climate control or weather, noise control, seating, audiovisual equipment, teaching aids, and safety are considered achieved as per NFPA 1041. 4.4.2
Discuss your involvement in the presentation of prepared lessons, when given a prepared lesson plan that specifies the presentation method(s), so that the method(s) indicated in the plan are used and the stated objectives or learning outcomes are achieved, as per NFPA 1041. 4.4.3
Discuss your involvement in the adjustment of a presentation, so that class continuity and the objectives or learning outcomes are achieved, as per NFPA 1041. 4.4.4
Discuss your involvement in the adjustment to differences in learning styles, abilities, and behaviors, given the instructional environment, so that lesson objectives are accomplished, disruptive behavior is addressed, and a safe learning environment is maintained, as per NFPA 1041. 4.4.5
Discuss your involvement in the operating of audiovisual equipment and demonstration devices, given a learning environment and equipment, so that the equipment functions properly, as per NFPA 1041. 4.4.6.
Discuss your involvement in the utilization of audiovisual materials, given prepared topical media and equipment, so that the intended objectives are clearly presented,

valuation and Testing. ion: The administration and grading of student evaluation instruments.
ion: The administration and grading of student evaluation instruments.
Discuss your involvement in the administration of oral, written, and performance tests, given the lesson plan, evaluation instruments, and the evaluation procedure of the agency, so that the testing is conducted according to procedures and the security of the materials is maintained, as per NFPA 1041. 4.5.2.
Discuss your involvement in the grading student oral, written, or performance tests given class answer sheets or skills checklists and appropriate answer keys, so the examinations are accurately graded and properly secured, as per NFPA 1041. 4.5.3.
Discuss your involvement in the reporting of test results, given a set of test answersheets or skills checklists, a report form, and policies and procedures for reporting so that the results are accurately recorded, the forms are forwarded according to procedure, and unusual circumstances are reported, as per NFPA 1041. 4.5.4.
Discuss your involvement in the providing evaluation feedback to students, given evaluation data, so that the feedback is timely; specific enough for the student to make efforts to modify behavior; and objective, clear, and relevant; also include suggestions based on the data, as per NFPA 1041. 4.5.5.

Declaration of Applicant & Management Representative/s

l,	(initials and surname of applicant) hereby confirm that the information
is true and that I will my application.	accept the decision of the Quality Assurance Working Group with regards to
Sign:	Date
I,	in my capacity as the Head of Training for hereby
	ve mentioned information, provided above is correct to the best of my
knowledge.	
Sign:	Date
(Head of T	raining)
	=======================================
1,	in my capacity as the Head of Organization / Department / Section
her	by confirm that the above mentioned information, provided above is correct
to the best of my know	owledge.
Sign:	
	tion / Department / Section)