

SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

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Addresses:

No. 295 Jorissen Street
Monument
KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

APPLICATION:

RECOGNITION OF PRIOR LEARNING

ACC 113

Wildland Fire Fighter 1 - NFPA 1051, 2007

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 Wildland Fire Fighter 1 qualification is appropriate. Any person with a Wildland Fire Fighting qualification or equivalent (Portfolio of evidence) and **18 Months wildland 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 1051, chapter 5.
- 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 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 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. - WILDLAND FIRE FIGHTER 1, NFPA 1051, 2007 *Standard for Wildland Fire Fighter Professional Qualifications*

This CV should accompany your application for Quality Assurance on the grounds of Recognition of Prior Learning for Wildland Fire Fighter 1 [Form: ACC 113].

Briefly describe your **Roll as Fire Fighter** 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 Wildland Fire Fighter qualification or higher qualification.

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

1. General

- Your role in fireline safety, use, and limitations of personal protective equipment

- Your role in basic wildland fire behavior

- Your role in fire suppression techniques & wildland fire tactics

- Your role in role within the local incident management system

2. Preparedness

Definition: Activities in advance of fire occurrence to ensure safe and effective suppression action.

- Maintenance of assigned personal protective equipment, given the standard equipment issue, so that the equipment is serviceable and available for use on the fireline and defects are recognized and reported to the supervisor.

- Maintenance of assigned suppression hand tools and equipment, given tools and equipment and agency maintenance specifications, so that assigned equipment is safely maintained and serviceable and defects are recognized and reported to the supervisor.

3. Suppression

Definition: All activities to confine and extinguish a wildland fire, beginning with dispatch.

- Your role in assembling and preparing for response, given an assembly location, an assignment, incident location, mode of transportation, and the time requirements, so that arrival at the incident with the required personnel and equipment meets agency guidelines.

- Recognizing of hazards and unsafe situations given a wildland or wildland/urban interface fire and the standard safety policies and procedures of the agency, so that the hazard(s) and unsafe condition(s) are promptly communicated to the supervisor and appropriate action is taken.

- Your role in securing the fireline, given a wildland fire and suppression tools, water or other suppression agents, and equipment, so that burning materials and unburned fuels that threaten the integrity of the fireline are located and abated.

- Describe the methods to reduce the threat of fire exposure to improved properties given a wildland or urban/interface fire, suppression tools, and equipment so that improvements are protected

- Your role in mop up of fire area, given a wildland fire, suppression tools, and water or other suppression agents and equipment, so that burning fuels that threaten escape are located and extinguished.

- Your role in patrolling of the fire area, given a wildland fire, suppression tools, and equipment, so that control of the fire area is maintained.

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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