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 119

Wildland Fire Officer 1-NFPA 1051, 2007

Name/s:	
Surname:	
ID Number:	Age:
Employer:	
Postal	
Address:	
(Where result and	d 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 Officer I qualification is appropriate. Any person with a Wildland Fire Fighting qualification or equivalent (Portfolio of evidence) and **6 years supervisory 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 7.
- 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 <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	5 11 15		ate	B. E. di
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. - WILDLAND FIRE OFFICER I, 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 Officer I [Form: ACC 119].

Briefly describe your *Roll as Supervisor* 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 Fighting qualification or higher qualification.

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

1. Informative Requests

2.

	ition: Respond to requests for incident information given policies and procedures of HJ, so that response is accurate, within the policies, and timely
•	Agency policies and procedures for release of incident information
•	The ability to communicate both orally and in writing to requests for information.
Huma	n Resource Management:
•	The Supervision of human resources to accomplish assignments in a safe and efficient manner.
•	The ability to observe, evaluate, counsel, and document personnel as to fitness for duty in accordance with agency policies and procedures.
•	Knowledge of the agency's qualifications standards.
	The provision of medical treatment, given an injured or ill fire fighter and agency policies and procedures, so that the appropriate emergency treatment is provided, appropriate notifications are made, and required reports are completed.

•	The evaluation of job performance of assigned personnel, given agency standards, so that the information is provided to the individual being evaluated and all required forms are completed.
Mobili	ization
	tion: Collection of agency dispatch information, assembly of assigned resources, to designated location, and check-in.
•	The obtaining of complete information from agency dispatch, given agency standard operating procedures, so that travel route, assignment, time needed, and point of contact are determined.
Suppr	ression
	tion: Supervision of a single resource involved in wildland fire suppression, and first on scene, assume command of initial attack incident, until relieved
•	Size up an incident to formulate an incident action plan, given a wildland fire and available resources, so that incident objectives are set and strategies and tactics are applied according to agency policies and procedures.
•	The development of an initial report on conditions, given incident information and agency policies and procedures, so that required incident information is communicated to the agency communications center and updated as needed
	The establishment of an incident command post (ICP), given AHJ policies and procedures, so that the location is correctly sited, clearly identified, and communicated to personnel.
•	The deployment of resources to suppress a wildland fire, given an assignment, personnel, equipment, and agency policies and procedures, so that appropriate suppression actions are taken, and safety of personnel is ensured.

3.

4.

The maintenance of incident re applicable forms, so that require	cords, given agency policies and procedures and ed information is documented.
changes in fuels, topography, w	ditions, given a wildland fire, so that progress, weather, fire behavior, and other significant events ed to the supervisor and to assigned and adjoining
	visors, crew members, and adjoining personnel or that progress, changes in conditions, fire behavio current.
given a wildland fire, assigned i	service and support needs for assigned resources, resources, and agency policies and procedures, so needs are met in accordance with agency policies.
commander, given a wildland fi	on on the incoming replacement incident re, so that the transfer of command is completed er has the information necessary to operate
	o mop up a wildland fire, given a wildland fire, ncy policies and procedures so that appropriate
that additional resources neede	s, given assigned resources and incident status, so ed are ordered or excess resources are identified h agency policies and procedures

•	The completion of wildland fire suppression operations, given a wildland fire that has been controlled and mopped up and agency policies and procedures, so that the fire area is extinguished and resources are returned to service
•	The completion of personnel time and equipment use records, given agency policies, procedures, and related forms, so that the information is accurate and in compliance with standards established by the AHJ
•	The preparation of final incident reports, given an extinguished wildland fire and agency policies and procedures, so that the reports are complete, accurate, and submitted on time

Declaration of Applicant & Management Representative/s

I, is true and that application.	(initials and surname of applicant) hereby confirm that the information I will accept the decision of the Quality Assurance Committee with regards to my
Sign:	Date
I,	in my capacity as the Head of Training for hereby
confirm that the	e above mentioned information, provided above is correct to the best of my
knowledge.	
Sign:	Date
(Hea	ad of Training)
I,	in my capacity as the Head of Organization / Department / Section
	_ herby confirm that the above mentioned information, provided above is correct
to the best of m	ny knowledge.
Sign:	
(Head of Org	ganization / Department / Section)