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 26

Driver & Operator Pumper - NFPA 1002, 2009

| First Name/s: | - | | | |
|-----------------------|----------------------------|----------------|--|--|
| Surname: | | | | |
| ID Number: | | Age: | | |
| Employer: | | | | |
| Postal | | | | |
| Address: | tificate/s should be sent) | | | |
| (Where result and cer | tiricate/s should be senty | 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 Driver & Operator Aerial qualification is appropriate. Any person with a Driver & Operator Pumper Qualification or equivalent (Portfolio of evidence) and **3 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 1002, chapter 5.
- Submit a certified copy of the course content and curriculum of course attended
- The decision of the Quality Assurance Working Group 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:

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 | Position/Rank (Held or are holding) | Date | | Buima and Francticus |
|---|--|------|----|--|
| Service (Where you have worked/are working) | | From | То | Primary Functions (What you were/are doing) |
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ANNEXURE: B

C.V. - Driver & Operator Pumper, NFPA 1002, 2009
Standard on Fire Apparatus Driver/Operator Professional Qualifications

This CV should accompany your application for accreditation on the grounds of Recognition of Prior Learning for Driver & Operator Pumper [Form: ACC 26].

Briefly describe your *Roll as Driver & Operator Pumper* 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 Driver & Operator Pumper Qualification or higher qualification.

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

General.

1.

| • | Discuss your involvement in the performing of the routine tests, inspections, and servicing functions, given a fire department pumper, its manufacturer's specifications, and policies and procedures of the jurisdiction, so that the operational status of the pumper is verified, as per NFPA 1002, 5.1.1 |
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| 2. | Operations. |
| • | Discuss your involvement in the producing of an effective hand or master stream/s, given the sources, so that the pump is engaged, all pressure control and vehicle safety devices are set, the rated flow of the nozzle is achieved and maintained, and the apparatus is continuously monitored for potential problems , as per NFPA 1002, 5.2.1 |
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| • | Discuss your involvement in the hydraulic calculations for friction loss and flow using written formulas and estimation methods, as per NFPA 1002, 5.2.1 |
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| | Discuss your involvement in the pumping of a supply line of 65mm (2 ½ in.) or larger, given a relay pumping evolution the length and size of the line and the desired flow and intake pressure, so that the correct pressure and flow are provided to the next pumper in the relay, as per NFPA 1002, 5.2.2 |
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| • | Discuss your involvement in the ability to position a fire department pumper to |

operate at a fire hydrant and at a static water source, as per NFPA 1002, 5.2.2

| • | Discuss your involvement in the producing of a foam fire stream, given foam-producing equipment, so that properly proportioned foam is provided, as per NFPA 1002, 5.2.3 |
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| • | Discuss your involvement in the supplying of water to fire sprinkler and standpipe systems, so that water is supplied to the system at the correct volume and pressure, as per NFPA 1002, 5.2.4 |
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Declaration of Applicant & Management Representative/s

| I, (initials and surname is true and that I will accept the decision of the Accapplication. | of applicant) hereby confirm that the information reditation Committee with regards to my |
|---|---|
| Sign: | Date |
| I,in my capacity as the confirm that the above mentioned information, prov | |
| knowledge. | nded above is correct to the best of my |
| Sign:(Head of Training) | Date |
| I,in my capacity as the | e Head of Organization / Department / Section tioned information, provided above is correct |
| to the best of my knowledge. | , , |
| Sign: (Head of Organization / Department / Section) | |