

SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

Contact Details:

Phone: 011-660 5672
Fax2Email: 086 544 0008
Fax: 011 660 1887
Email: info@saesi.com
Website: www.saesi.com



Addresses:

No. 295 Jorissen Street
Monument
KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

APPLICATION:

RECOGNITION OF PRIOR LEARNING

ACC 23

Driver & Operator Aerial - NFPA 1002, 2009

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 accreditation for the Driver & Operator Aerial qualification is appropriate. Any person with a Driver & Operator Aerial Qualification or equivalent (Portfolio of evidence) and **3 years 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 6.
- 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 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. - Driver & Operator Aerial, 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 Aerial [Form: ACC 22].

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

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

1. General.

- Discuss your involvement in the performing the routine tests, inspections, and servicing functions, given a fire department aerial apparatus, so that the operational readiness of the aerial apparatus is verified, as per NFPA 1002,6.1.1

2. Operations.

- Discuss your involvement in the maneuvering and positioning of an aerial apparatus, given an aerial apparatus, at an operational incident, so that the apparatus is positioned for correct aerial device deployment, as per NFPA 1002,6.2.1

- Discuss your involvement in the stabilizing of an aerial apparatus, so that power can be transferred to the aerial device hydraulic system and the device can be deployed, as per NFPA 1002,6.2.2

- Discuss your involvement in the maneuvering and positioning the aerial device from each control station, at an incident location, a situation description, and an assignment, so that the aerial device is positioned to accomplish the assignment as per NFPA 1002,6.2.3

- Discuss your involvement in the lowering an aerial device using the emergency operating system, given an aerial device, so that the aerial device is lowered to its bedded position, as per NFPA 1002,6.2.4

- Discuss your involvement in the deployment and operating of an elevated master stream, given an aerial device, a master stream device, and a desired flow so that the stream is effective and the aerial and master stream devices are operated correctly, as per NFPA 1002,6.2.5

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 Accreditation Committee with regards to my application.

Sign: _____ Date _____

=====

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)

=====

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)

=====