

SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

Contact Details:

Phone: 011-660 5672
Fax/Email: 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 26

Driver Operator Pumper - NFPA 1002, 2014

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. _____

NB! Membership of the Institute is a prerequisite for application of RPL

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 Pumper 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 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:

SAESI
P.O. Box 613
KRUGERSDORP
 1740
Fax: 011 660 1887
Fax2Mail: 086 544 0008
Email: info@saesi.com

An administrative fee of R164.00 for members and R322.00 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 <i>(Where you have worked/are working)</i>	Position/Rank <i>(Held or are holding)</i>	Date		Primary Functions <i>(What you were / are doing)</i>
		From	To	

ANNEXURE: B

C.V. - Driver & Operator Pumper, NFPA 1002, 2014
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 **Role 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.

1. General.

- 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

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

- 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

- 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

- 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

- 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

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)

=====