

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 20

Confined Space Rescue 2 - NFPA 1006, 2013

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 Confined Space Rescue 1 qualification is appropriate. Any person with a Confined Space Rescue Qualification or equivalent (Portfolio of evidence) and **3 years Fire or Rescue Department service** and an acceptable **CV of appropriate** experience can apply.

PROCEDURE:

- Submit a certified copy of training attended which satisfy the requirements of NFPA 1006, chapter 7.
- 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 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. - Confined Space Rescue 2, NFPA 1006, 2013
Standard for Technical Rescuer Professional Qualifications

This Annexure B should accompany your application for accreditation on the grounds of Recognition of Prior Learning for Confined Space Rescue 2 [Form: ACC 20].

Briefly describe your **Roll as Confined Space Rescuer 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 Confined Space Rescuer Qualification or higher qualification.

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

1. General Requirements.

- Discuss your involvement in the preplanning at a confined space incident, given applicable guidelines and regulations and a preplan form, so that a standard approach is used during a confined space rescue emergency, hazards are recognized and documented, isolation methods are identified and documented, all accesses to the location of the entry openings are identified and documented, all types of entry openings are identified and documented, and internal configurations and special resource needs are documented for future rescuer use., as per NFPA 1006, 7.2.1

- Discuss your involvement in the assessment of a incident, given a preplan of the space or size-up information, information from technical resources, monitoring equipment, and personal protective equipment required to perform the assessment, so that general area and space-specific hazards are identified, bystanders and victims are interviewed, immediate and ongoing monitoring of the space is performed, the victims' conditions and location are determined, a risk-benefit analysis is performed, methods of ingress and egress for rescuer and victims are identified, rescue systems for victim removal are determined, and an emergency means of retrieval for rescue entrants is established, as per NFPA 1006, 7.2.2

- Discuss your involvement in the controlling of hazards at a confined space incident, given personal protective equipment and a confined space tool kit, so that the rescue area is established; access to the incident scene is controlled; rescuers are protected from exposure to hazardous materials and atmospheres, all forms of harmful energy releases, and physical hazards; and victims are protected from further harm, as per NFPA 1006, 7.2.3

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 Working Group 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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