

# 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](mailto:info@saesi.com)  
Website: [www.saesi.com](http://www.saesi.com)



## Addresses:

No. 295 Jorissen Street  
Monument  
KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

APPLICATION: RECOGNITION OF PRIOR LEARNING ACC 86

## **Swift Water Rescue 1- 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 Swift Water Rescue 1 qualification is appropriate. Any person with a Swift Water 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 12.
- 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 <sup>st</sup> 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**

<b>Employing Service</b> <i>(Where you have worked/are working)</i>	<b>Position/Rank</b> <i>(Held or are holding)</i>	<b>Date</b>		<b>Primary Functions</b> <i>(What you were / are doing)</i>
		<b>From</b>	<b>To</b>	

**ANNEXURE: B**

**C.V. - Swift Water Rescue 1, 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 Swift Water Rescue 1 [Form: ACC 85].

Briefly describe your **Roll as Swift Water 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 Swift Water 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 development a site survey for an existing water hazard, given historical data, specific personal protective equipment for conducting site inspections, flood insurance rate maps, tide tables, and meteorological projections, so that life safety hazards are anticipated, risk-benefit analysis is included, site inspections are completed, water conditions are projected, site-specific hazards are identified, routes of access and egress are identified, boat ramps (put-in and take-out points) are identified, method of entrapment is considered, and areas with high probability for victim location are determined, as per NFPA 1006, 11.1.1

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- Discuss your involvement in the construction of rope systems particular to the swiftwater rescue needs of the AHJ, given rescue personnel, rope equipment, a load to be moved, and personal protective equipment, so that the movement is controlled, the load is held in place when needed, and operating methods do not stress the system, as per NFPA 1006, 12.1.1

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- Discuss your involvement in the support of level II operations at a rescue incident, given, safety equipment, victims, and water body, so that skills are demonstrated in a controlled environment, performance parameters are achieved, hazards are continually assessed, and emergency procedures are demonstrated, as per NFPA 1006, 12.1.2

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- Discuss your involvement in the assessment of moving water conditions, characteristics, and features in terms of hazards to the rescuer and victims at a rescue incident, given swift water tool kit, so that flow and conditions are estimated accurately, mechanisms of entrapment are considered, hazards are assessed, depth and surrounding terrain are evaluated, and findings are documented, as per NFPA 1006, 12.1.3

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- Discuss your involvement in the performing of a non-entry rescue in the swift water/flooding environment, given personal protective equipment, and swift water rescue tool kit, so that rescue is accomplished, and adopted policies and safety procedures are followed, as per NFPA 1006, 12.1.4

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**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 \_\_\_\_\_



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)

