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 50

Fire Officer 1-NFPA 1021, 2014

| First Name/s: | |
|-------------------------|---------------------------------------|
| Surname: | |
| ID Number: | Age: |
| Employer: | |
| Postal Address: | |
| (Where result and certi | ficate/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 Fire Officer 1 qualification is appropriate. Any person with a Fire Fighting / Officer Qualification or equivalent (Portfolio of evidence) and **6 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 1021, chapter 4.
- 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)

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 of payment should be marked "Quality Assurance Working Group" and submitted to:

SAESI P.O. Box 613 <u>KRUGERSDORP</u> 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** <u>NOT</u> INCLUDE Certification/Seal fee.

Direct deposits can be made to:

The Southern African Emergency Services Institute (SAESI)Bank:ABSAAccount number:310 810 045Branch – Krugersdorp632005

or the SAESI Branch Account to which you belong.

ANNEXURE A

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

C.V. -FIRE OFFICER 1, NFPA 1021, 2014

Standard for Fire Officer Professional Qualifications

This CV should accompany your application for accreditation on the grounds of Recognition of Prior Learning for Fire Officer I [Form: ACC 50].

Briefly describe your *Role as Supervisor* 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 Fire Fighting / Officer Qualification or higher qualification.

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

1. Human Resource Management.

Definition: Assign tasks or responsibilities to unit members, given an assignment at an emergency incident, so that the instructions are complete, clear, and concise; safety considerations are addressed; and the desired outcomes are conveyed

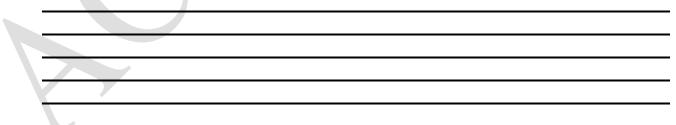
Assign tasks or responsibilities to unit members, given an assignment under nonemergency conditions at a station or other work location, so that the instructions are complete, clear, and concise; safety considerations are addressed; and the desired outcomes are conveyed

• Verbal communications during emergency incidents.



• Verbal communications under nonemergency situations.

• Your inter action with a member with a situation requiring assistance and the member assistance policies and procedures of your department, so that the situation is identified and the actions taken are within the established policies and procedures.



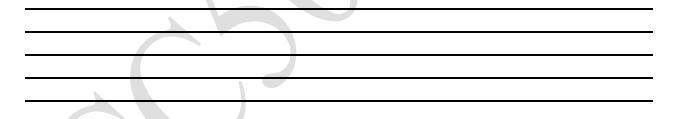
• Your involvement and coordination on the completion of assigned tasks and projects by members so that the assignments are prioritized, a plan for the completion of each assignment is developed, and members are assigned to specific tasks and both supervised during and held accountable for the completion of the assignments.

2. Community and Government Relations.

Definition: This duty involves dealing with inquiries of the community and communicating the role, image, and mission of the department to the public and delivering safety, injury, and fire prevention education programs, according to the following job performance requirements.

• Your Initiate action on a community need, given policies and procedures, so that the need is addressed.

• Your, Initiate action to a citizen's concern, given policies and procedures, so that the concern is answered or referred to the correct individual for action and all policies and procedures are complied with.



3. Administration.

Definition: This duty involves general administrative functions and the implementation of departmental policies and procedures at the unit level, according to the following job performance requirements.

• Your involvement in the recommending changes to existing departmental policies and/or implement a new departmental policy at the unit level, given a new departmental policy so that the policy is communicated to and understood by unit members.

- Your involvement in the execution of routine station and of shift -level administrative functions, given forms and record-management systems, so that the reports and logs are complete and files are maintained in accordance with policies and procedures.
- Your involvement in the preparation of a budget request, given a need and budget forms, so that the request in the proper format and is supported with data. 4. Inspection and Investigation. **Definition:** This duty involves conducting inspections to identify hazards and address violations, performing a fire investigation to determine preliminary cause, securing the incident scene, and preserving evidence, according to the following job performance requirements. Your involvement in the conducting fire inspections, so that all hazards, including • hazardous materials, are identified, approved forms are completed, and approved action initiated. Your involvement in the Identification of construction, alarm, detection, and suppression features that contribute to or prevent the spread of fire, heat, and smoke throughout the building or from one building to another, given an occupancy, and the policies and forms of the AHJ so that a pre-incident plan for any of the following occupancies is developed.

• Your involvement in the securing an incident scene, so that unauthorized persons can recognize the perimeters of the scene and are kept from restricted areas, and all evidence or potential evidence is protected from damage or destruction .

5. Emergency Service Delivery.

Definition: This duty involves supervising emergency operations, conducting pre-incident planning, and deploying assigned resources in accordance with the local emergency plan and according to the following job performance requirements.

• Your involvement in the developing of an initial action plan, for an incident and assigned emergency response resources, so that resources are deployed to control the emergency.

• Your involvement in the implementation an action plan at an emergency operation, given assigned resources, type of incident, and a preliminary plan, so that resources are deployed to mitigate the situation.

• Your involvement in the development and conducting of a post-incident analysis, at an operational incident, so that all required critical elements are identified and communicated, and the approved forms are completed and processed in accordance with policies and procedures

6. Health and Safety.

Definition: This duty involves integrating health and safety plans, policies, and procedures into daily activities as well as the emergency scene, including the donning of appropriate levels of personal protective equipment to ensure a work environment that is in accordance with health and safety plans for all assigned members, according to the following job performance requirements

• Your involvement in the application of safety regulations at station level, so that required reports are completed, in-service training is conducted, and member responsibilities are conveyed.

• Your involvement in the conducting of an initial accident investigation, so that the incident is documented and reports are processed in accordance with policies and procedures of the department.

• Your involvement in ensuring that staff are being physically and medically capable of performing assigned duties and effectively functioning during peak physical demand activities.

Declaration of Applicant & Management Representative/s

| 1 | | at the information is |
|---------------------------------------------|---------------------------------------------------------------------------------------|-------------------------|
| true and that I will accept the decision of | and surname of applicant) hereby confirm the of the Accreditation Committee with rega | ards to my application. |
| | | |
| Sign: | Date | |
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| I, in my ca | pacity as the Head of Training for | hereby |
| confirm that the above mentioned infor | mation, provided above is correct to the | best of my knowledge. |
| Sign: | Date | |
| (Head of Training) | | |
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| I, in my ca | pacity as the Head of Organization / Dep | partment / Section |
| herby confirm that the | e above mentioned information, provided | above is correct to the |
| best of my knowledge. | | |
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| Sign: | | |
| (Head of Organization / Department / Sec | ction) | |
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