

SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

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APPLICATION: RECOGNITION OF PRIOR LEARNING ACC 29

Public Fire and Life Safety Educator 1-NFPA 1035, 2015

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 Public Fire and Life Safety Educator 1 qualification is appropriate. Any person with a Public Fire and Life Safety Educator Qualification or equivalent (Portfolio of evidence) and **1 year fire fighting service** and an acceptable **CV of appropriate** experience can apply.

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. - Public Fire and Life Safety Educator 1-NFPA 1035, 2015
Standard for Professional Qualifications for Public Fire and Life Safety Educator

This CV should accompany your application for accreditation on the grounds of Recognition of Prior Learning for Public Fire and Life Safety Educator 1 [Form: ACC 29].

Briefly describe your **Public Fire and Life Safety Educator** 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 Public Fire and Life Safety Educator Qualification or higher qualification.

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

1. General.

- Discuss your involvement in community risk, injury prevention strategies, learning theory, educational methodology, standardized fire and life safety messages, natural hazard issues, current security topics, escape planning , as per NFPA 1035, 4.1.1

2. Administration.

- Discuss your involvement in the documentation of fire and life safety educational activities, given specific forms or formats, so that all activities are recorded and each component of the form or format is completed with the correct information , as per NFPA 1035, 4.2.1

- Discuss your involvement in the preparation of activity reports, given specific forms or formats and information on activities, so that all components of the forms or formats are completed with the correct information, as per NFPA 1035, 4.2.2

- Discuss your involvement in the maintaining a work schedule, given a list of events, activity requests, pre-activity requirements, and time allotments, so that all activities are scheduled and completed without conflict , as per NFPA 1035, 4.2.3

- Discuss your involvement in the identifying of community resources, services, and organizations, given a current list of resources, organizations, and identified need(s), so that the public is referred to the applicable resource(s) , as per NFPA 1035, 4.2.4

3. Planning and Development.

- Discuss your involvement in the identifying of partners to address current fire and life safety issues, given current fire and life safety issues, community resources, services, and organizations, so that information and resources are shared, as per NFPA 1035, 4.3.1

4. Education and Implementation.

- Discuss your involvement in the selection of instructional materials, given a subject, learning objectives, the intended audience, and related resources, so that the materials are specific to the audience and activity objectives, as per NFPA 1035, 4.4.1

- Discuss your involvement in the practicing of safety during fire and life safety education activities, given a lesson plan and a list of equipment, so that fire and life safety activities are conducted without injury to educator or participants, as per NFPA 1035, 4.4.2

- Discuss your involvement in the presentation of a lesson, given a lesson plan with multiple presentation methods, evaluation instruments, time allotment, setting, and identified audience, so that the lesson plan is followed and the objectives are met, as per NFPA 1035, 4.4.3

- Discuss your involvement in the adaption of a lesson plan, given the lesson content and information on the audience, so that the material presented meets the needs of the audience, as per NFPA 1035, 4.4.4

- Discuss your involvement in the notifying of the public, given a scheduled event, so that the location, date, time, topic, and sponsoring agency are conveyed , as per NFPA 1035, 4.4.5

- Discuss your involvement in the disseminating of educational information, given information and/or materials, a specified audience, and time frame, so that the information reaches the audience within the specified time , as per NFPA 1035, 4.4.6

5. Evaluation.

- Discuss your involvement in the administering of an evaluation instrument, given the appropriate evaluation instrument and testing policies and procedures, so that lesson outcomes are measured, as per NFPA 1035, 4.5.1

- Discuss your involvement in the scoring of an evaluation instrument, given the scoring procedures and grading scale, so that lesson outcomes are known , as per NFPA 1035, 4.5.2

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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