

# 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 202

## ***Hazmat Operations - Mission Specific Competencies: Air Monitoring and Sampling - NFPA 1072, 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 Hazmat Operations - Mission Specific Competencies: Air Monitoring and Sampling qualification is appropriate. Any person with a Hazardous Material qualification or equivalent (Portfolio of evidence) and **24 Months 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 1072, chapter 6.7
- 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 <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.



**Note: Please use additional paper to answer the following questions. In your experience give examples and explain how you have met the following competencies.**

**1. Mission-Specific Competencies: Detection, Monitoring and Sampling.**

- 1. Discuss your involvement in selecting and operating the detection, monitoring and sampling equipment at a hazardous materials / WMD incident when assigned to perform detection, monitoring and sampling functions, as per NFPA 1072, 6.7.3.1. & 6.7.4.1.

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- 2. Discuss your involvement in completing the reporting and documentation requirements consistent with the emergency response plan or standard operating procedures when dealing with hazardous materials / WMD when assigned to perform detection, monitoring and sampling functions, as per NFPA 1072, 6.7.6.1.

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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 Accreditation Committee 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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