## Approved Training Partner



# Approved Training Partners criteria Appendix 1

## ATP Criteria

CQI IRCA

#### Appendix 1 - *Delegates Data File*

#### Mandatory Field Descriptions

| Field Name         | Detailed Description  |
|--------------------|---|
| ST_ATP_ID          | The unique identification number assigned to your organisation by the CQI when your           |
|                    | Training Partner Approval was granted.  |
| ST_COURSE_ID       | The unique identification number assigned to this course by the CQI when Course               |
|                    | Approval was granted.   |
| ST_START_DATE      | The first day for this particular course. For distance learning courses, this should be the   |
|                    | first date the course is available to the delegate.   |
| ST_END_DATE        | The end date for this particular course. For one day courses, this date will be the same      |
|                    | as the Start Date. For distance learning courses, this is the date by when the course         |
|                    | needs to be completed.  |
| ST_TUTOR_NAME      | The full name of the tutor who delivered this course or the majority of the course.           |
| ST_DELIVERY_METHOD | The method of delivery of the course, please use the following:                               |
|                    | CL- classroom based/part time   |
|                    | DL- distance learning/e-learning  |
|                    | BL- blended learning (combination of CL and DL)   |
| ST_COURSE_COUNTRY  | The country in which this course was delivered. Must be a valid ISO 3166-1 alpha 2            |
|                    | country code. For distance learning courses this is the country of the candidate's            |
|                    | residence.  |
| ST_PREFIX          | The prefix of the Student, e.g. Mr, Mrs, Ms, Dr   |
| ST_FIRST_NAME      | The First/Given name of the Student   |
| ST_LAST_NAME       | The Last/Surname/Family name of the Student   |
| ST_EMAIL           | The Student's e-mail address. Must be a valid e-mail address.                                 |
| ST_CQI_DELEGATE_ID | The unique delegate number (UDN) assigned by the CQI.   |
|                    |   |
|                    | If this is the first time you are submitting data for a specific course and this is the first |
|                    | time this delegate has attended one of your courses, this field should be set to zero.        |
|                    |   |
|                    | When the file is returned to the ATP, this field will be set to the unique delegate number    |
|                    | assigned to this delegate by the CQI.   |
|                    |   |
|                    | The UDN should be stored in your Learning Management System and be included in all            |
|                    | future submissions for this delegate, e.g. when the results for this course are submitted     |
|                    | or when this delegate attends another of your courses.  |
|                    |   |
|                    | The UDN must appear on the certificate awarded to the delegate on successful                  |
|                    | completion of the course.   |
| ST_RESULT          | The result achieved by this student. Valid values are PASS, FAIL and DNA                      |
|                    |   |
|                    | Please use DNA if the student booked and paid for the course, but either failed to attend     |
|                    | or withdrew from the course.  |
| CT MADIZ CODE      | The may'r on agone achieved by this student. I are hlash if the weath is DNA . TAUTU          |
| ST_MARK_SCORE      | The mark or score achieved by this student. Leave blank if the result is DNA or WITH          |
| ST_RESIT           | Has this student taken this exam before – Y(Yes) or N(No)                                     |