

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Internal Assessor

Applicant's name: Charlotte Roberts

The above named applicant has applied to sit the SVT practical examination. This is the final assessment on the route to becoming an **Accredited Vascular Scientist**. Applicants must fulfil certain eligibility criteria before they are entitled to sit the examination. The Education committee has agreed that the nominated internal should confirm the applicant's eligibility. We would be grateful if you could fill in the details below.

Applicants current job title	Vascular Scientist
Applicants current Employer/Hospital	IVS/Tomorrow Cardiovascular Wellness/Wythenshawe Hospital
Start date of applicants current job	06/09/2021
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	33 months

Where applicable please comment on your perception of the applicant's proficiency in the following areas:

Duplex of carotid and vertebral arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Ankle Brachial Pressure Indices	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>

Please comment on the applicant's ability to write clear reports and relay urgent findings appropriately:

Reports are well written, follow protocol and clear.
Charlotte appropriately red flags when required.

Please include any other comments you may have (please continue on the reverse of the page if required).

Charlotte already scans at the level of an MVS/FCVS

Email Address: steven.rogers@manchester.ac.uk

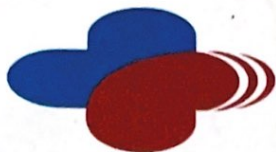
Signed: Steven Rogers Print Name: Dr S. K. Rogers

- ✓ AVS for at least 1 year
- ✓ Up to date CPD or clinical competency as required in the Accreditation Document

Designation: Science Director

Date: 23/04/24

By signing this form you consent for your information to be uploaded to the SVTGBI website and for the SVTGBI to contact you in regards to this reference.



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Current Line manager

Applicant's name: Charlotte Roberts

The above named applicant has applied to sit the SVT practical examination. This is the final assessment on the route to becoming an **Accredited Vascular Scientist**. Applicants must fulfil certain eligibility criteria before they are entitled to sit the examination. The applicant has proposed that as their **current line manager** you can help confirm their eligibility. We would be grateful if you could fill in the details below.

Applicants must be currently employed in the UK or Ireland to perform vascular ultrasound diagnostic investigations

Applicants current job title	Vascular Scientist
Applicants current Employer/Hospital	IVS/Tomorrow Cardiovascular Wellness/Wythenshawe Hospital
Start date of applicants current job	September 2021
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	33 months
Applicants start date of UK or Ireland employment	06.09.2021

Applicants must have performed a minimum number of scans and ABPIs. Approximately how many scans in each of the core modalities listed below has the applicant performed during their current employment?

Bilateral duplex of carotid and vertebral arteries	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input checked="" type="checkbox"/> >600
Single leg duplex of arteries (aorta-TPT, inc iliacs)	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input checked="" type="checkbox"/> >600
Single leg duplex of arteries (aorta-ankle)	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input checked="" type="checkbox"/> >600
Single leg graft duplex	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input checked="" type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input checked="" type="checkbox"/> >600
Single leg duplex of primary varicose veins	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input checked="" type="checkbox"/> 301-600	<input checked="" type="checkbox"/> >600
Single leg duplex of recurrent varicose veins	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input checked="" type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input checked="" type="checkbox"/> >600
Ankle Brachial Pressure Indices-bilat	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input checked="" type="checkbox"/> >600
ABPI pre+post exercise-bilat	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input checked="" type="checkbox"/> >600

Please include any other comments you may have (please continue on the reverse of the page if required).

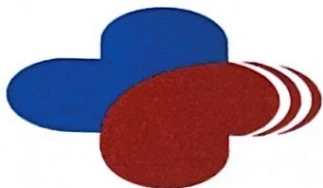
Email Address: lee.smith@tomorrowcardiovascular.com

Signed: [Signature] Print Name: LEE SMITH

Designation: CLINICAL VASCULAR SCIENTIST / DEPARTMENT MANAGER

Date: 25/6/24

By signing this form you consent for your information to be uploaded to the SVTGBI website and for the SVTGBI to contact you in regards to this reference.



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: Charlotte Roberts

The above named applicant has applied to sit the SVT practical examination. This is the final assessment on the route to becoming an **Accredited Vascular Scientist**. Applicants must fulfil certain eligibility criteria before they are entitled to sit the examination. The applicant has proposed that as their **Vascular Consultant** you can help confirm their eligibility. We would be grateful if you could fill in the details below.

Applicants current job title	Vascular Scientist
Applicants current Employer/Hospital	IVS/Tomorrow Cardiovascular Wellness/Wythenshawe Hospital
Start date of applicants current job	06.09.21
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	33 months

Where applicable please comment on your perception of the applicant's proficiency in the following areas:

Duplex of carotid and vertebral arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Ankle Brachial Pressure Indices	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>

Please comment on the applicant's ability to write clear reports and relay urgent findings appropriately:

Good + broad range of skills.

Please include any other comments you may have (please continue on the reverse of the page if required).

Email Address.....

jonathan.ghosh@mft.nhs.uk

Signed.....

Print Name.....

JONATHAN GHOSH

Designation.....

CONSULTANT VASCULAR SURGEON

Date.....

25/6/24

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