



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Current Line manager

Applicant's name: Emily Fisher

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	Clinical Vascular Scientist
Applicants current Employer/Hospital	King's College Hospital
Start date of applicants current job	April 2020
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	September 2016
Applicants start date of UK or Ireland employment	September 2016

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

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

Email Address benfreedman@nhs.net

Signed.....

Print Name Ben Freedman

Designation.....

Mr. (Head of dept)

Date.....

30/1/23

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.