

THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

## Reference Request to Internal Assessor

### Applicant's name:

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	Clinical Vascular Scientist
Applicants current Employer/Hospital	Royal Liverpool Hospital
Start date of applicants current job	28/04/2014
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	5 years

### 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 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:

Anna consistently performs and writes accurate reports. She understands the significance of findings and when to highlight urgent findings.

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

I feel Anna is ready & more mentally prepared for her practical re-sit.

Signed

*Alana*

Print Name

Richard Hanson

✓ AVS for at least 1 year

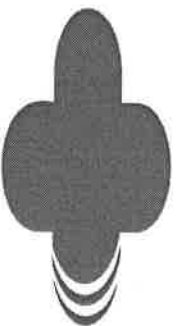
✓ Up to date CPD or clinical competency as required in the Accreditation Document

Designation

Royal Liverpool Hospital

Date

28/01/2014



THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

## Reference Request to Current Line manager

Applicant's name:

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.

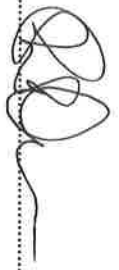
**Applicants must be currently employed in the UK or Ireland to perform vascular ultrasound diagnostic investigations**

Applicants current job title	TRAINEE CLINICAL VASCULAR SCIENTIST		
Applicants current Employer/Hospital	ROYAL LIVERPOOL & BROADGREEN HOSPITAL		
Start date of applicants current job	28/04/2014		
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5 HOURS,		
How long have you known the applicant?	5 YEARS		
Applicants start date of UK or Ireland employment	28/04/2014.		

**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 type="checkbox"/> 101-300	<input checked="" 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 type="checkbox"/> 101-300	<input checked="" 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 checked="" type="checkbox"/> 1 - 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input type="checkbox"/> >600

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

Signed  Print Name STEVEN WATKINS

Designation DEPT MANAGER

Date 28/1/19.