**Reference Request to Internal Assessor**

**Applicant’s name: \_\_Jimmy Chen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 | Warrington General Hospital |
| Start date of applicants current job | 24/08/2015 |
| Applicants current weekly hours working in vascular ultrasound diagnostic scanning | 37.5 |
| How long have you known the applicant? | ~3.5 years |

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

Duplex of carotid and vertebral arteries Poor Acceptable Good Excellent **x**

Duplex of lower limb arteries Poor Acceptable Good Excellent **x**

Duplex of varicose veins Poor Acceptable Good Excellent **x**

Ankle Brachial Pressure Indices Poor Acceptable Good Excellent **x**

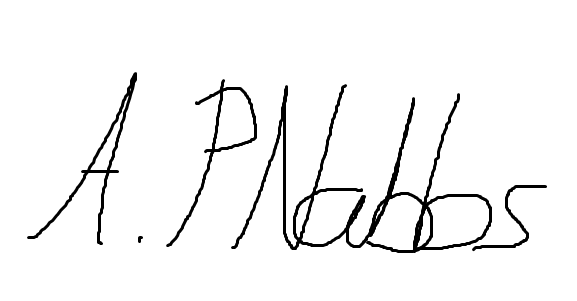
**Please comment on the applicant’s ability to write clear reports and relay urgent findings appropriately:**

I have always found Jimmy’s reports to be accurate, concise and well written. I have confidence in Jimmy’s reporting and his ability to identify urgent pathology and take any appropriate action to highlight this in accordance with our protocols.

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

Jimmy demonstrates a high quality of scanning and reporting, and has throughout his training shown great skill and attention to detail. I can whole-heartedly recommend Jimmy undertaking this practical examination.

**Email Address**. Andrew.pellew-nabbs@ivs-online.co.uk……………………………………………………………………………………….

**Signed**… **Print Name**……………Andrew Pellew-Nabbs……………….

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

**Designation**…Vascular Ultrasound Manager & Senior Clinical Vascular Scientist (AVS)

**Date**…………11/12/2018

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.