

### **Reference Request to Current Line manager**

## Applicant's name: Luke Smith

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	Clin	Clinical Vascular Scientist					
Applicants current Employer/Hospital	Guy	Guy's & St Thomas' NHS Foundation Trust					
Start date of applicants current job	Sep	September 2013					
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5	37.5					
How long have you known the applicant?	7.5	7.5 years					
Applicants start date of UK or Ireland employment	September 2013						
Applicants must have performed a minimum num modalities listed below has the applicant perform				ow many scans in o	each of the core		
Bilateral duplex of carotid and vertebral arteries	0	1 − 100□	101-300 🗆	301-600 □	>600 <b>X</b>		
Single leg duplex of arteries (aorta-TPT, inc iliacs)	0	1 − 100□	101-300 🗆	301-600 🗆	>600 <b>X</b>		
Single leg duplex of arteries (aorta-ankle)	0	1 − 100□	101-300 🗆	301-600 🗆	>600 <b>X</b>		
Single leg graft duplex	0	1 − 100□	101-300	301-600 🗆	>600 <b>X</b>		
Single leg duplex of primary varicose veins	0	1 − 100□	101-300 🗆	301-600 🗆	>600 <b>X</b>		
Single leg duplex of recurrent varicose veins	0	1 − 100□	101-300 🗆	301-600 <b>X</b>	>600□		
Ankle Brachial Pressure Indices-bilat	0	1 − 100□	101-300 🗆	301-600 🗆	>600 <b>X</b>		
ABPI pre+post exercise-bilat	0	1 – 100 <b>X</b>	101-300 🗆	301-600 🗆	>600□		
Please include any other comments you may have	! (please c	continue on the reve	rse of the page if requi	red).			
soundrie.padayachee@gstt.r	ıhs.uk						
Email Address							
Signed Stafacutt	Prir	nt NameSOUNE	DRIE PADAYACHEE.				
DesignationConsultant Clinical Scientist							
Date13/08/2021							
By signing this form you consent for your informati	on to be	e uploaded to the	e SVTGBI website a	nd for the SVTGBI	to contact you		

in regards to this reference.



### **Reference Request to Vascular Consultant**

# Applicant's name: Luke Smith

Applicants current job title

in regards to this reference.

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.

Clinical Vascular Scientist

Applicants current Employer/Hospital  Start date of applicants current job  Applicants current weekly hours working in vascular ultrasound diagnostic scanning		Guy's & St Thomas' NHS Foundation Trust  September 2013  37.5									
							How long have you known the applicant	?			
							Where applicable please comment on yo	ur percepti	on of the applicant's proficie	ncy in the followin	g areas:
Duplex of carotid and vertebral arteries	Poor 🗆	Acceptable $\square$	Good $\square$	Excellent x							
Duplex of lower limb arteries	Poor 🗆	Acceptable $\square$	$Good\;\square$	Excellent x							
Duplex of varicose veins	Poor 🗆	Acceptable $\square$	$Good\;\square$	Excellent x							
Ankle Brachial Pressure Indices	Poor 🗆	Acceptable $\square$	Good $\square$	Excellent x							
Please comment on the applicant's ability	y to write c	lear reports and relay urgent	findings appropria	ately:							
Luke has achieved competency in a broad results are relayed promptly according to		_	reports are clearly <sub>l</sub>	presented and all urgent							
Please include any other comments you re Luke is a confident and competent and clir Department.	-			he team in the							
Email											
AddressHany.zayed@gstt.nhs.uk	·}										
Signed Signed	d	<b>Print Name</b> Mr Hany	Zayed								
<b>Designation</b> Consultant Vascular Surgeor	_										
Date 15-08-2021											
By signing this form you consent for your i	information	to be uploaded to the SVTGI	3I website and for t	he SVTGBI to contact you							