Reference Request to Previous Line manager

**Applicant’s name: \_\_\_Laura Scott\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 previous line manager you can help confirm their eligibility. We would be grateful if you could fill in the details below.

|  |  |  |
| --- | --- | --- |
| Applicants previous job title |  | Clinical Vascular Scientist |
| Applicants previous Employer/Hospital | King’s College Hospital London |
| Start date of applicants previous job | September 2012 |
| End date of applicants previous job | May 2016 |
| Applicants previous weekly hours working in vascular ultrasound diagnostic scanning | 37.5 |
| How long have you known the applicant? |  | 6 ½ years |

**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 previous employment?**

Bilateral duplex of carotid and vertebral arteries 0 1 – 100 101-300 301-600 >600√

Single leg duplex of arteries (aorta-TPT, inc iliacs) 0 1 – 100 101-300 √ 301-600 >600

Single leg duplex of arteries (aorta-ankle) 0 1 – 100 101-300 √ 301-600 >600

Single leg graft duplex 0 1 – 100√ 101-300 301-600 >600

Single leg duplex of primary varicose veins 0 1 – 100 101-300 √ 301-600 >600

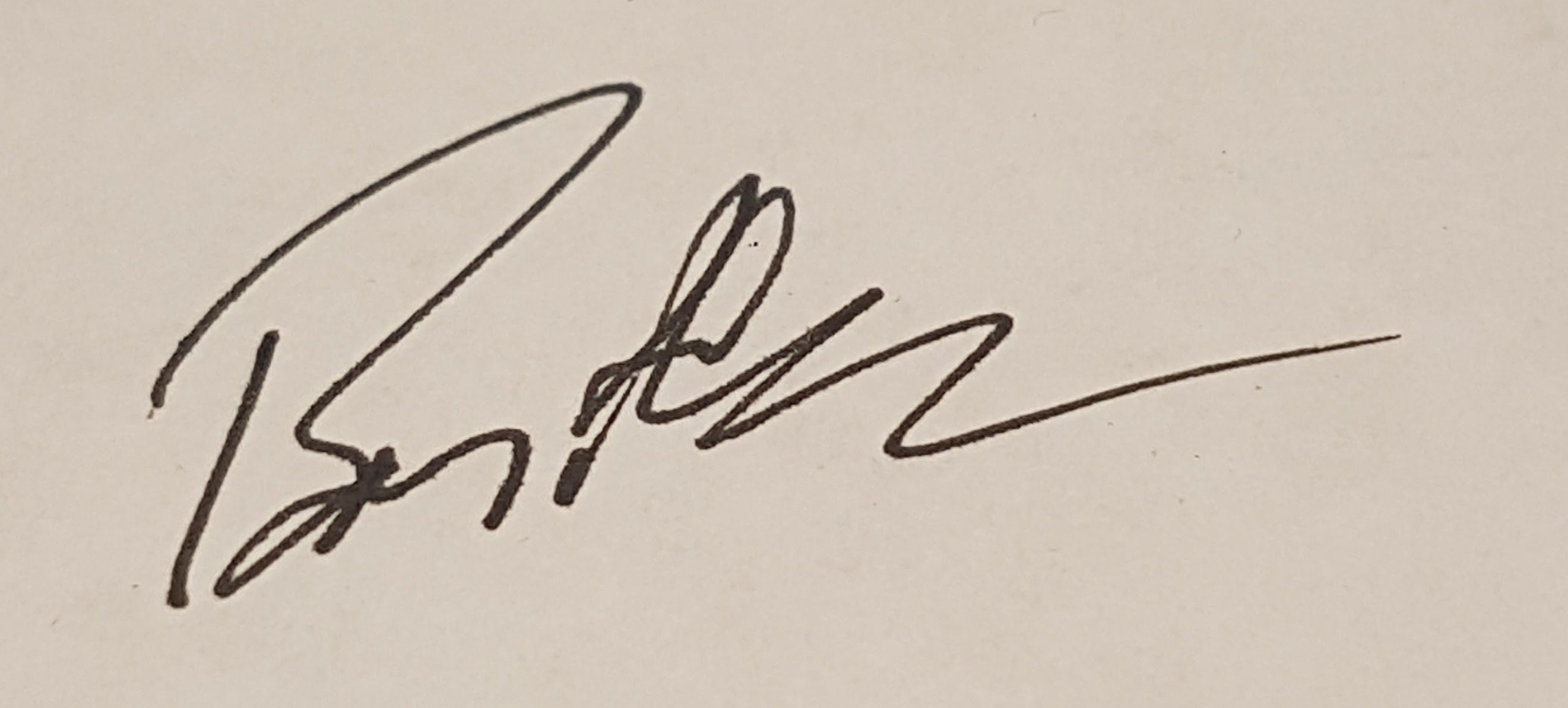
Single leg duplex of recurrent varicose veins 0 1 – 100√ 101-300 301-600 >600

Ankle Brachial Pressure Indices-bilat 0 1 – 100 101-300 301-600 √ >600

ABPI pre+post exercise-bilat 0 1 – 100 101-300 √ 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 ………………(Clinical Scientist HCPC -CS19778).….

**Date**………………………………………18/03/19…………………….……………..

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.