



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: BETH STEPHENS

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.

Applicants current job title	<u>CLINICAL VASCULAR SCIENTIST</u>
Applicants current Employer/Hospital	<u>Royal Cornwall Hospitals Trust</u>
Start date of applicants current job	<u>18/11/19</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5</u>
How long have you known the applicant?	<u>3 1/2 years</u>

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 checked="" 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 checked="" type="checkbox"/>	Excellent <input type="checkbox"/>

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

Excellent in all respects

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

Resonant and cooperative colleague; an asset to any vascular unit

Email Address: M. paul@rctd.net

Signed: [Signature] Print Name: KEN MCCUNE

Designation: clinical lead for vascular surgery; consultant vascular surgeon

Date: 16/5/23

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.