

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Internal Assessor

Applicant's name: _____ **Nia Steeves** _____

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	Countess of Chester Hospital
Start date of applicants current job	01/09/21
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5hrs
How long have you known the applicant?	01/05/2018

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 X
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent X
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent X
Ankle Brachial Pressure Indices	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent X

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

Over the course of her training Nia has demonstrated the ability to independently write clear and concise scan reports. When appropriate she has discussed the outcomes of investigations and their implications for the patient with referring clinicians, including consultants and other medical staff. If a scan finding requires urgent attention Nia takes responsibility to notify the appropriate medical or surgical teams so that prompt and appropriate patient management can take place.

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

Nia is an excellent vascular scientist and her proficiency in the role is appreciated by patients and clinicians alike.

Email Address:.....d.dixon6@nhs.net.....

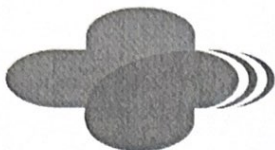
Signed.......... **Print Name**Daniel Dixon.....

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

Designation.....Vascular Scientist.....

Date.....06/05/2023.....

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THE SOCIETY FOR
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Reference Request to Current Line manager

Applicant's name: Nia Steeves

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	Clinical Vascular Scientist
Applicants current Employer/Hospital	Countess of Chester Hospital NHS Trust
Start date of applicants current job	1/9/2021
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5hrs
How long have you known the applicant?	Since 1/9/2021
Applicants start date of UK or Ireland employment	01/09/2021 as a clinical vascular scientist at Countess of Chester Hospital

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"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-TPT, inc iliacs)	<input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-ankle)	<input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg graft duplex	<input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of primary varicose veins	<input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	<input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Ankle Brachial Pressure Indices-bilat	<input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
ABPI pre+post exercise-bilat	<input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>

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

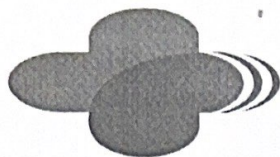
Email Address grant.gilbertson@nhs.net

Signed

Print Name Grant Gilbertson

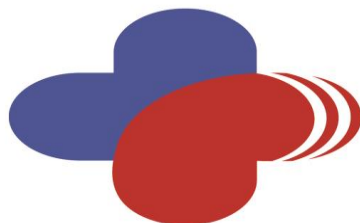
Designation Service Manager – Urgent Care Division

Date 03/04/23



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THE SOCIETY FOR
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Reference Request to Previous Line manager

Applicant's name: Nia Steeves

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	Trainee Clinical Vascular Scientist
Applicants previous Employer/Hospital	IVS Ltd. – based at Wythenshawe/Warrington/Arrowe Park hospitals
Start date of applicants previous job	30/04/2018
End date of applicants previous job	30/08/2021
Applicants previous weekly hours working in vascular ultrasound diagnostic scanning	37
How long have you known the applicant?	5 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 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-TPT, inc iliacs)	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-ankle)	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg graft duplex	0 <input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of primary varicose veins	0 <input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	0 <input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Ankle Brachial Pressure Indices-bilat	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
ABPI pre+post exercise-bilat	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>

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

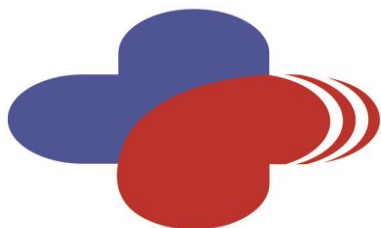
Email Address.....Hannah.leonard@ivs-online.co.uk.....

Signed.......... **Print Name**.....Hannah Leonard.....

Designation.....Senior AVS, I was Training Manager for the duration of Nia's employment at IVS.....

Date...29/03/2023.....

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THE SOCIETY FOR
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Reference Request to Vascular Consultant

Applicant's name: _____ **Nia Steeves** _____

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	Clinical Vascular Scientist
Applicants current Employer/Hospital	Countess of Chester Hospital NHS Trust
Start date of applicants current job	01/09/2021
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5hrs
How long have you known the applicant?	Since 01/09/21

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

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

Nia's reports are clear, informative with necessary detail and of a very high standard. I have found these reports useful in my decision making.

All urgent findings are reported to the appropriate clinician by means of a phone call or an email.

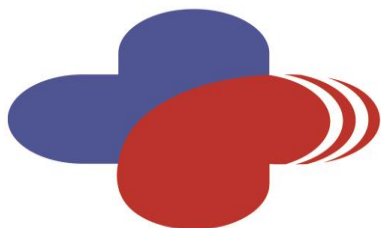
Please include any other comments you may have (please continue on the reverse of the page if required).

She is hard working, reliable, honest, and conscientious. A colleague I can rely on.

Email

Address....arun.balakrishnan1@nhs.net.....
.....

Signed...Arun Prakash B..... **Print Name**.....Arun
Balakrishnan.....



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Designation...Consultant Vascular

Surgeon.....

Date.....02/05/23.....

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