

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Current Line manager

Applicant's name: Nina Murray

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.

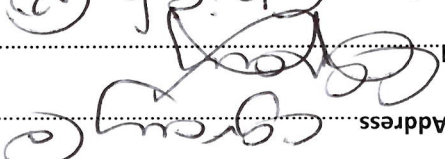
Applicants must be currently employed in the UK or Ireland to perform vascular ultrasound diagnostic investigations

Applicants current job title	Senior Vascular Physiologist
Applicants current Employer/Hospital	Mater Private Network
Start date of applicants current job	1 st Sept 2011
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	32hrs
How long have you known the applicant?	13years
Applicants start date of UK or Ireland employment	1 st June 2011

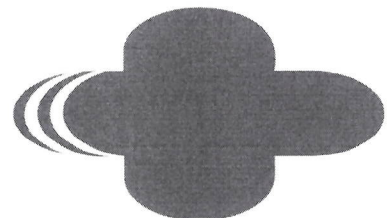
Applicants must have performed a minimum number of scans and ABPIs. Approximately how many scans in each of the core modalities listed below has the applicant performed during their current employment?

Bilateral duplex of carotid and vertebral arteries	☐ 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	gray@mater.ie
Signed	
Designation	Chief @ Vascular Physiological Physio
Date	01/09/13

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.



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: **Nina Murray**

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	Senior Vascular Physiologist
Applicants current Employer/Hospital	Mater Private Network
Start date of applicants current job	1 st Sept 2011
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	32hrs
How long have you known the applicant?	12years

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

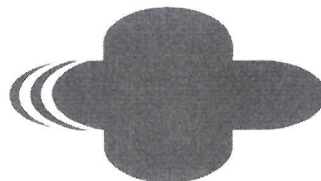
Duplex of carotid and vertebral arteries	Poor ☐	Acceptable ☐	Good ☐	Excellent ☒
Duplex of lower limb arteries	Poor ☐	Acceptable ☐	Good ☐	Excellent ☒
Duplex of varicose veins	Poor ☐	Acceptable ☐	Good ☐	Excellent ☒
Ankle Brachial Pressure Indices	Poor ☐	Acceptable ☐	Good ☐	Excellent ☒

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

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

Email Address	Shudonell@a waterie
Signed	
Print Name	CLARENCE MURRAY
Designation	Consultant Vascular Surgeon, Director, Vascular Lab, Murray
Date	21/8/23

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THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
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Reference Request to Internal Assessor

Applicant's name: Nina Murray

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	Senior Vascular Physiologist
Applicants current Employer/Hospital	Mater Private Network
Start date of applicants current job	1 st Sept 2011
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	32hrs
How long have you known the applicant?	13years

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 ☒
Duplex of lower limb arteries	Poor ☐	Acceptable ☐	Good ☐	Excellent ☒
Duplex of varicose veins	Poor ☐	Acceptable ☐	Good ☐	Excellent ☒
Ankle Brachial Pressure Indices	Poor ☐	Acceptable ☐	Good ☐	Excellent ☒

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

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

Email Address	craygenator10
Signed	
AVS for at least 1 year	☒
Up to date CPD or clinical competency as required in the Accreditation Document	☒
Designation	Chief Manager
Date	21/8/23

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