



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: Ms Amy Reed

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	Trainee Vascular Scientist
Applicants current Employer/Hospital	West Herts NHS Hospitals Trust
Start date of applicants current job	3/5/2015
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5 hrs
How long have you known the applicant?	>3years

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:

Amy is an excellent trainee, knows her limitations and asks for help appropriately. She writes clear reports and has always acted with due diligence and urgency to relay any unexpected or urgent findings.

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

Email Address.....sanjeev.sarin@whht.nhs.uk.....

Signed.......... **Print Name**.....Mr S Sarin.....

Designation.....Consultant Vascular Surgeon.....

Date.....19/2/19.....

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.