

Reference Request to Internal Assessor

Applicant's name: Tara Lorena Roberto

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

Trainee Vascular Scientist

Applicants current Employer/Hospital

Vascular Imaging Services / St. Peters Hospital

Start date of applicants current job

April 2016

Applicants current weekly hours working in vascular ultrasound diagnostic scanning

36 Hours

How long have you known the applicant?

3 years

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 checked="" type="checkbox"/>	Excellent <input type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Excellent <input 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:

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

Email Address: JACQUELINE.KINSELLA@NHS.NET

Signed: [Signature] **Print Name:** JACQUI KINSELLA

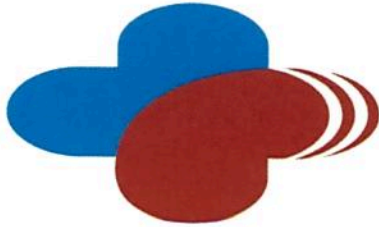
✓ AVS for at least 1 year

✓ Up to date CPD or clinical competency as required in the Accreditation Document

Designation: UNIT MANAGER

Date: 13-11-19

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THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: Tara Lorena Roberto

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

Vascular Imaging Services / St Peter's Hospital

Start date of applicants current job

April 2016

Applicants current weekly hours working in vascular ultrasound diagnostic scanning

36 Hours

How long have you known the applicant?

3 years

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 checked="" type="checkbox"/>	Excellent <input type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Excellent <input type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Excellent <input 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:

• REPORTS SATISFACTORY

• UNDERSTANDS LAB PROTOCOL FOR URGENT REFERRALS

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

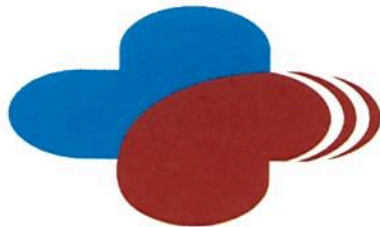
Email Address: MOBILE # 07979755358

Signed: [Signature] Print Name: B. NING

Designation: CONSULTANT

Date: 13/11/19

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THE SOCIETY FOR
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Reference Request to Vascular Consultant

Applicant's name: Tara Lorena Roberto

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	Vascular Imaging Services
Start date of applicants current job	April 2016
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	36 Hours
How long have you known the applicant?	1 Year

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

Enthusiastic, and hard working Scientist, with good knowledge and clinical skills. Producing very good and detailed reports.

She is also keen to learn

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

She is also keen to learn more and improve her clinical skills further.

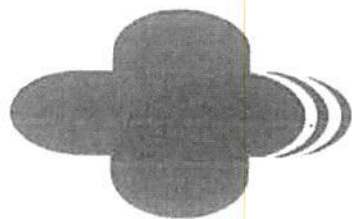
Email Address..... E.ALNAER@NHS.NET

Signed..... *Eyad Alnaer* Print Name..... EYAD ALNAER

Designation..... Locum Consultant - Vascular Surgeon

Date..... 26.11.2014

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THE SOCIETY FOR
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Reference Request to Previous Line manager

Applicant's name: TARA LORENA ROBERTO

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	<u>VASCULAR SONOGRAPHER</u>
Applicants previous Employer/Hospital	<u>LIFE LINE SCREENING UK LTD.</u>
Start date of applicants previous job	<u>MAY 2011</u>
End date of applicants previous job	<u>NOVEMBER 2014</u>
Applicants previous weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5 HOURS</u>
How long have you known the applicant?	<u>8 YRS.</u>

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	<input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>
Single leg duplex of arteries (aorta-TPT, inc iliacs)	<input type="checkbox"/>	1 - 100 <input 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 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 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 type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	<input type="checkbox"/>	1 - 100 <input 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 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 type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>

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

Email Address Mary-Grace.Yuvienco@nhs.net

Signed Mary-Grace Yuvienco Print Name MARY-GRACE YUVIENCO

Designation SENIOR RADIOGRAPHER

Date 26/11/2019

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