

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Previous Line manager

Applicant's name: Liezel Tablac Asuncion

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 | Vascular Technologist |
| Applicants previous Employer/Hospital | St. Lukes Medical Center Global City |
| Start date of applicants previous job | February 16, 2016 |
| End date of applicants previous job | January 16, 2023 |
| Applicants previous weekly hours working in vascular ultrasound diagnostic scanning | 40 hours |
| How long have you known the applicant? | 8 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 type="checkbox"/> | >600 <input checked="" type="checkbox"/> |
| Single leg duplex of arteries (aorta-TPT, inc iliacs) | 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 arteries (aorta-ankle) | 0 <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 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 type="checkbox"/> | 101-300 <input type="checkbox"/> | 301-600 <input type="checkbox"/> | >600 <input checked="" 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 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).

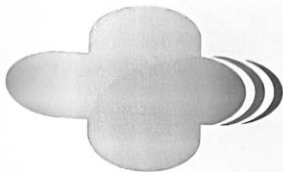
Email Address..... raelsantiago@stlukes.com.ph

Signed..... [Signature] Print Name..... RAFAEL ANDRO SANTIAGO

Designation..... section manager of vascular Laboratory St. Lukes BGC, Philippines

Date..... 10.02.2024

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 Internal Assessor

Applicant's name: Liezel Tablac Asuncion

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 | University Hospitals Birmingham NHS Foundation Trust |
| Start date of applicants current job | 31.1.2023 |
| Applicants current weekly hours working in vascular ultrasound diagnostic scanning | 37.5 |
| How long have you known the applicant? | One 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 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 checked="" type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |

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

Able to write reports stating relevant clinical findings and highlight limitations of the study (if any). Does relate urgent findings to relevant people within and outside Vascular Directorate.

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

Had extensive experience working in Vascular Surgery in Philippines. Adapted well to working in UK settings.

Email Address.....ivan.kalik@uhb.nhs.uk

Signed.....*Ivan Kalik*..... Print Name.....Ivan Kalik.....

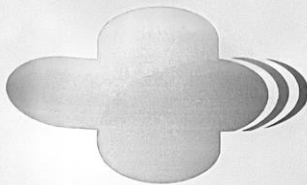
✓ AVS for at least 1 year

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

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

Date.....21/02/2024.....

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THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: Liezel Tablac Asuncion

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>VASCULAR SCIENTIST</u> |
| Applicants current Employer/Hospital | <u>UNIVERSITY HOSPITALS BIRMINGHAM, NHS</u> |
| Start date of applicants current job | <u>31.01.2023</u> |
| Applicants current weekly hours working in vascular ultrasound diagnostic scanning | <u>37.5</u> |
| How long have you known the applicant? | <u>ONE YEAR</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 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 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:

Miss Asuncion is an ^{writes clear reports} proactive vascular scientist, always happy to help, she asks for advice when needed and it is a pleasure to have her in the vascular team.

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

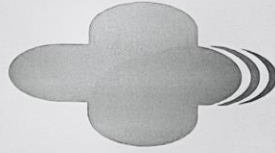
Email Address: Mohammed.Elsabbagh@UHB.nhs.uk

Signed: [Signature] Print Name: Mohammed Elsabbagh

Designation: locum consultant of vascular surgeon

Date: 07/02/2024

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 Current Line manager

Applicant's name: Liezel Tablac Asuncion

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 | University Hospitals Birmingham NHS Foundation Trust |
| Start date of applicants current job | 31.1.2023 |
| Applicants current weekly hours working in vascular ultrasound diagnostic scanning | 37.5 |
| How long have you known the applicant? | One year |
| Applicants start date of UK or Ireland employment | 31.1.2023 |

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 checked="" type="checkbox"/> | 101-300 <input type="checkbox"/> | 301-600 <input type="checkbox"/> | >600 <input type="checkbox"/> |
| Single leg duplex of arteries (aorta-TPT, inc iliacs) | <input checked="" 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 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 checked="" 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 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.....ivan.kalik@uhb.nhs.uk.....

Signed.....*Ivan Kalik*..... Print Name.....Ivan Kalik.....

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

Date.....19.2.2024.....