

Reference Request to Internal Assessor

Applicant's name: Michelle O'Hare

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 Chief 1 Vascular Physiologist
Applicants current Employer/Hospital Mater Hospital
Start date of applicants current job 2016
Applicants current weekly hours working in vascular ultrasound diagnostic scanning 37 hours
How long have you known the applicant? >10 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 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:

Michelle has excellent reporting skills & has no issue clearly and concisely relaying any urgent findings to other members of the Clinical team.

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

Email Address cgray@mater.ie

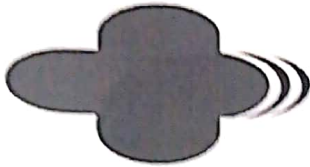
Signed C. Gray Print Name CLEON GRAY

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

Designation Chief 2 Physiologist

Date 29/1/20

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.



Reference Request to Current Line manager

Applicant's name: Michelle O'Hare

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

Applicants current Employer/Hospital

Start date of applicants current job

Applicants current weekly hours working in vascular ultrasound diagnostic scanning

How long have you known the applicant?

Applicants start date of UK or Ireland employment

Chief I Vascular Physiologist
 Mater Hospital Dublin
2016

37 hours

210 years

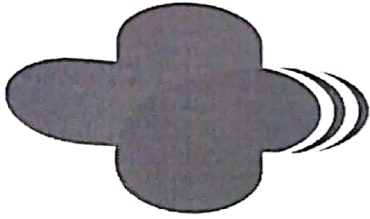
Applicants must have performed a minimum number of scans and ABPIs. Approximately how many scans in each of the core modalities listed below has the applicant performed during their current employment?

Bilateral duplex of carotid and vertebral arteries	<input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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: cgray@mater.ie
Signed: [Signature] Print Name: Clare Gray
Designation: Chief 2 Vascular Physiologist
Date: 29/1/20

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: Michelle O'Hare

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 CHIEF (I) VASCULAR PHYSIOLOGIST

Applicants current Employer/Hospital MATER MISERICORDIAE UNIVERSITY HOSPITAL

Start date of applicants current job 2016

Applicants current weekly hours working in vascular ultrasound diagnostic scanning 37

How long have you known the applicant? 9 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 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:

THIS IS IMPECCABLE. I HAVE NEVER HAD ANY ISSUES WITH MICHELLE AT ANY STAGE IN HER CAREER.

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

Email Address cmcdonnell@mater.ie

Signed [Signature] Print Name CIARAN M. DONNELL

Designation CONSULTANT VASCULAR SURGEON

Date 28.1.20

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.