



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: MARK URBANSKI

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>TRAINEE VASCULAR SCIENTIST</u>
Applicants current Employer/Hospital	<u>MANCHESTER FOUNDATION TRUST</u>
Start date of applicants current job	<u>FEBRUARY 2014</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>33 hrs</u>
How long have you known the applicant?	<u>4 years</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 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 checked="" type="checkbox"/>	Excellent <input type="checkbox"/>

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

Very good communication skills. Always contact with any concern / issues. Reports relevant & appropriate.

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

Friendly & willing to take on feedback.

Email Address: TAWKEER.RASHID@MFT.NHS.UK

Signed: [Signature] Print Name: RASHID

Designation: CONSULTANT VASCULAR SURGEON

Date: 26/11/19

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.