



## Reference Request to Current Line manager

Applicant's name: RAE LARMOUR

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	<u>CLINICAL VASCULAR SCIENTIST</u>
Applicants current Employer/Hospital	<u>INDEPENDENT VASCULAR SERVICES LTD</u> <u>NORTH MANCHESTER GENERAL HOSPITAL</u>
Start date of applicants current job	<u>6-8-2018</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5</u>
How long have you known the applicant?	<u>SINCE AUGUST 2018</u>
Applicants start date of UK or Ireland employment	<u>1-2-2016</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 current 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 type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" 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 type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" 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 checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	0 <input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input checked="" 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 type="checkbox"/>	>600 <input checked="" type="checkbox"/>
ABPI pre+post exercise-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"/>

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

Email Address: VICTORIA.ANDERSON@IVS-ONLINE.CO.UK

Signed: V Anderson Print Name: VICTORIA ANDERSON

Designation: VASCULAR ULTRASOUND MANAGER

Date: 9-6-22

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.