

Reference Request to Internal Assessor

Applicant's name:	RANIT	SHAIL	_		
Language on Associated Vectories	r Scientist . Applica mittee has agreed		confirm the applica	ant's eligibility.	
Applicants current job title		TRAINER VASCULAR	SCIEWTIST	<u> </u>	
Applicants current Employer/Ho	spital	TRAINER VASCULAR TOMORNOW CARDIDVASO	LULAR / Bh	ACKPOOL TH	
Start date of applicants current	job	23-8-21			
Applicants current weekly hours vascular ultrasound diagnostic so		37.5			
How long have you known the a	pplicant?	~3 years			
Duplex of carotid and vertebral Duplex of lower limb arteries Duplex of varicose veins Ankle Brachial Pressure Indices Please comment on the applica	arteries Poor [Poor [Poor [Poor [Poor [Int's ability to writ	Acceptable Acceptable	Good Go	Excellent D Excellent D Excellent D Excellent D	
SKILLS AND DISPLAYS Email Address. Addle Signed. AVS for at least 1 year	EMPATHY AT	Print Name Accreditation Docu	HEWTS. GREATING A POSITIVE LAR.COM.	Ed PROACTIVE o	201
Date	4				

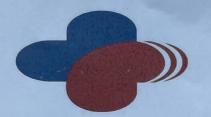
By signing this form you consent for your information to be uploaded to the SVTGBI website and for the SVTGBI to contact you in regards to this reference.



Reference Request to Current Line manager

Applicant's name:		SHALL			
The above named applicant has applied to sit the becoming an Accredited Vascular Scientist . Applie examination. The applicant has proposed that as grateful if you could fill in the details below.	cants mus	st fulfil certa	in eligibility criteria bef	ore they are entit	led to sit the
Applicants must be currently employed in the UK	(or Irelar	nd to perfori	m vascular ultrasound	diagnostic investi	gations
Applicants current job title	TRA	INCE	VASCULAR	SCIEN	TIST
Applicants current Employer/Hospital	TON	OCCOV	J CARDIOUAS	CUAR I	SLACKFO
Start date of applicants current job	23	18120	21		
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	3=	7			
How long have you known the applicant?	2	1CAC	5 11 mon	THS	
Applicants start date of UK or Ireland employment	AS	> A60	se la		
Applicants must have performed a minimum nun modalities listed below has the applicant perforn	nber of so ned <u>durir</u>	cans and ABI	Pls. Approximately ho ent employment?	w many scans in o	each of the core
Bilateral duplex of carotid and vertebral arteries	0	1-100	101-300 □	301-600 □	>600□
Single leg duplex of arteries (aorta-TPT, inc iliacs)	0	1-100	101-300 □	301-600 □	>600🗸
Single leg duplex of arteries (aorta-ankle)	0□	1-100□	101-300 □	301-600 □	>600□
Single leg graft duplex	0	1-1000	101-300 □	301-600 □	>600□
Single leg duplex of primary varicose veins	0 🗆	1-100	101-300 □	301-600 ☑	>600□
Single leg duplex of recurrent varicose veins	0	1-100□	101-300 🗸	301-600 □	>600□ /
Ankle Brachial Pressure Indices-bilat	0	1-100	101-300 □	301-600 🗆	>600☑
ABPI pre+post exercise-bilat	0	1-100	101-300 🗆	301-600 □	>6000
Please include any other comments you may have	(please c	ontinue on the	e reverse of the page if re	quired).	
Email Address 100 Say Petto to		امس	adionascu	Jar con	
Signed Signed	Prin	t Name	wosay pe		
Designation ASCAR SECO	CES	5 MA	JAGGE, BI	Accepac	
Date 1517174.					

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HE SOCIETY FOR ASCULAR TECHNOLOGY OF

Reference Request to Vascular Consultant

Applicant's name: RANIT ALFRED SHAIL

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	VASCUL	AR SCI	ENTIST	
Applicants current Employer/Hospital	To	Smorrow	CACDIOVA	SOMEAR /	BLACKPOOL	
Start date of applicants current job		23/08/				
Applicants current weekly hours working in vascular ultrasound diagnostic scanning		37.5			•	
How long have you known the applicant?		23/8/	21 (approxim	dely 3 year	(Tr
Where applicable please comment on your	perception	of the applicant'	s proficiency in	the following	areas:	C
Duplex of carotid and vertebral arteries	Poor 🗆	Acceptable	e 🗆	Good √	Excellent 🗆 /	
Duplex of lower limb arteries	Poor 🗆	Acceptable	e 🗆	Good □	Excellent	
Duplex of varicose veins	Poor 🗆	Acceptable	e □	Good □	Excellent 🔍	
Ankle Brachial Pressure Indices	Poor 🗆	Acceptable	e □	Good □	Excellent	
Alway escalate Very mild temp Please include any other comments you man		1	Inf. 2man * reverse of the pa	Easy ge if required).	to merk	with
Email Address Onsy-egun (a						
Signed Equation Consultant	Vas	Print Name M	R ANS	· LEA	EGUN.	
Designation 15/7/24				7-0	5 301 040	
By signing this form you consent for your info	ormation t	o be uploaded to	the SVTGBI we	bsite and for th	e SVTGBI to contact	you