



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Current Line manager

Applicant's name: MARIA BUNAKOVA

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

Senior Clinical Vascular Scientist

Applicants current Employer/Hospital

Imperial College NHS Trust / Charity
Cross Hospital

Start date of applicants current job

10/2014

Applicants current weekly hours working in vascular ultrasound diagnostic scanning

24.5

How long have you known the applicant?

since 10/2014

Applicants start date of UK, or Ireland employment

* 04/2010 - 09/2012 NHS - St Georges, ICH
09/2012 - 02-2014 (Fixed-term contract / Australia)
* 10/2014 - present - NHS (ICH)

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 type="checkbox"/>	>600 <input checked="" 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 type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" 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 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.....

Signed..... Print Name.....

Designation.....

Date.....

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.