



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Previous 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 previous line manager you can help confirm their eligibility. We would be grateful if you could fill in the details below.

Applicants previous job title	<u>Clinical Vascular Scientist</u>
Applicants previous Employer/Hospital	<u>Imperial College NHS Trust / Charing Cross Hospital.</u>
Start date of applicants previous job	<u>03/2010</u>
End date of applicants previous job	<u>03/2012</u>
Applicants previous weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5</u>
How long have you known the applicant?	

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 previous 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).

I have known Maria in her capacity as a Vascular Scientist since 2010.

Email Address: maryellisart@btinternet.com

Signed: MARY ELLIS Print Name: MARY ELLIS

Designation: Principal Clinical Vascular Scientist (Imperial)

Date: 29/12/22 Retired 2021

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.