



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: BHUMIKALA LIMBU.

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>VASCULAR IMAGING SERVICES / ST PETERS HOSPITAL</u>
Start date of applicants current job	<u>306/2016</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>36 HOURS</u>
How long have you known the applicant?	<u>3 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 checked="" type="checkbox"/>	Excellent <input type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Excellent <input type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Excellent <input 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:

WRITES CLEAR REPORTS

(writes clear reports)

ESCALATES URGENT FINDINGS

(escalates urgent findings)

J. KINSELL
UNIT MANAGER

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

CONSULTANT
TRANSLATION

Email Address PHONE NO: 07979 755358

Signed [Signature] Print Name B. N. LIMBU

Designation CONSULTANT

Date 13/11/19

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.