



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: RYAN WARD.

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

Clinical Vascular Scientist

Applicants current Employer/Hospital

Cambridge University Hospitals

Start date of applicants current job

3/9/2018

Applicants current weekly hours working in
vascular ultrasound diagnostic scanning

37.5

How long have you known the applicant?

2 YEARS.

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 type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Ankle Brachial Pressure Indices	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>

Please comment on the applicant's ability to write clear reports and relay urgent findings appropriately:

RYAN REPORTS FINDINGS BOTH VERBALLY AND WRITTEN IN A CLEAR MANNER.

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

VERY GOOD WITH PATIENTS. HELPFUL IN EMERGENCY SETTINGS - UNDERSTANDS
WHAT IS REQUIRED AND WHY.

Email Address diane.hildebrand@addenbrookes.nhs.uk

Signed [Signature] Print Name DIANE HILDEBRAND

Designation VASCULAR CONSULTANT

Date 5/11/20

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.