



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Internal Assessor

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 Education committee has agreed that the nominated internal should confirm the applicant's eligibility. We would be grateful if you could fill in the details below.

Applicants current job title	<u>Clinical Vascular Scientist</u>
Applicants current Employer/Hospital	<u>Cambridge University Hospitals</u>
Start date of applicants current job	<u>3/9/2018.</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5</u>
How long have you known the applicant?	<u>2 years 2 months</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 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 is a very competent vascular scientist. I fully support his application for AVS

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

Email Address: robert.elliott@addenbrookes.nhs.uk

Signed: [Signature] Print Name: ROBERT ELLIOTT

- ☒ AVS for at least 1 year
- ☒ Up to date CPD or clinical competency as required in the Accreditation Document

Designation: LEAD CLINICAL VASCULAR SCIENTIST

Date: 4/11/2020

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.