

## Reference Request to Current Line manager

**Applicant's name:** Sarah Clarke

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**

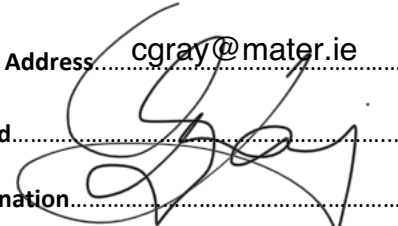
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|--|--|
| Applicants current job title   | <u>Senior Vascular Physiologist</u>            |
| Applicants current Employer/Hospital   | <u>Mater Misericordiae University Hospital</u> |
| Start date of applicants current job   | <u>12th April 2021</u>                         |
| Applicants current weekly hours working in vascular ultrasound diagnostic scanning | <u>35 hours per week</u>                       |
| How long have you known the applicant?   | <u>7 years</u>                                 |
| Applicants start date of UK or Ireland employment                                  | <u>May 2016</u>                                |

**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 checked="" type="checkbox"/> | >600 <input 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 cgray@mater.ie

Signed  Print Name CLEONA GRAY

Designation

Date 16/12/2022

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.