

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: Jason Mapano

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

Vascular Scientist

Applicants current Employer/Hospital

Hull University Teaching Hospitals NHS Trust

Start date of applicants current job

03-June - 2019

Applicants current weekly hours working in
vascular ultrasound diagnostic scanning

37.5 hrs / week

How long have you known the applicant?

4 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:

Jason constructs very clear, concise reports and escalates any unexpected or urgent findings directly to surgical team.

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

Talented, enthusiastic scientist - No concerns re progression to final assessment

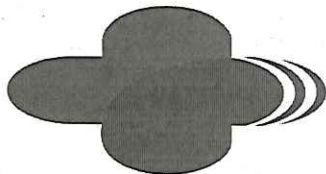
Email Address: George.Smith16@NHS.NET

Signed: [Signature] Print Name: A SMITH

Designation: Clinical Lead Vascular Consultant

Date: 30/6/23

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.



THE SOCIETY FOR
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Reference Request to Current Line manager

Applicant's name: Jason Mapano

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

Applicants current job title	<u>Vascular Scientist</u>
Applicants current Employer/Hospital	<u>Hull University Teaching Hospitals NHS trust</u>
Start date of applicants current job	<u>03- June - 2019</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5 hrs /week</u>
How long have you known the applicant?	<u>3 years</u>
Applicants start date of UK or Ireland employment	<u>03 June 2019</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	<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).

Jason is a reliable, member of the team, very efficient in his working effective, and proactive within his role

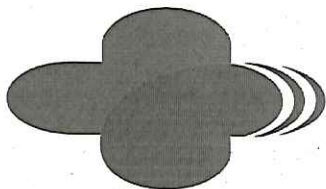
Email Address: lisa.angus2@nhs.net

Signed: [Signature] Print Name: LISA ANGUS

Designation: Senior Manager

Date: 30.6.23

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THE SOCIETY FOR
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Reference Request to Internal Assessor

Applicant's name: Jason Mapano

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>Vascular Scientist</u>
Applicants current Employer/Hospital	<u>Hull University Teaching Hospitals NHS Trust</u>
Start date of applicants current job	<u>03-June-2019</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5 hrs /week</u>
How long have you known the applicant?	<u>4 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 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:

Jason writes clear + concise reports.
Jason knows when ^{how} to escalate urgent findings to consultants + registrars.

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

Email Address: carole.tennison@nhs.net

Signed: [Signature] Print Name: CAROLE TENNISON
✓ AVS for at least 1 year
✓ Up to date CPD or clinical competency as required in the Accreditation Document

Designation: AVS

Date: 30/6/23

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