

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Internal Assessor

Applicant's name: Jack Wilson

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	Clinical vascular scientist
Applicants current Employer/Hospital	IVS Ltd. (Wythenshawe Hospital)
Start date of applicants current job	05/11/2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37
How long have you known the applicant?	3 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:

Jack writes clear reports to an appropriate level of detail for the referral. He is well aware of red flag procedures and has the confidence to speak to clinicians to discuss urgent findings.

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

Jack is an excellent clinical vascular scientist and has been ready to sit his practical exam for some time now.

Email Address...Hannah.leonard@ivs-online.co.uk.....

Signed.......... Print Name...Hannah F Leonard.....

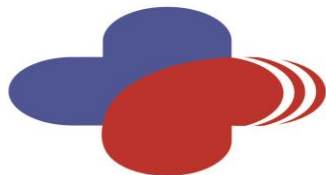
✓ AVS for at least 1 year

✓ Up to date CPD or clinical competency as required in the Accreditation Document

Designation...Senior AVS/training manager.....

Date...08/12/21.....

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.



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Reference Request to Current Line manager

Applicant's name: JACK WILSON

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.

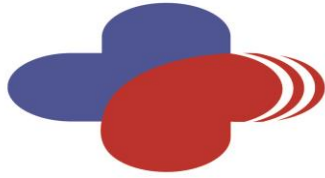
Applicants must be currently employed in the UK or Ireland to perform vascular ultrasound diagnostic investigations

Applicants current job title	CLINICAL VASCULAR SCIENTIST
Applicants current Employer/Hospital	INDEPENDENT VASCULAR SERVICES LTD
Start date of applicants current job	05/11/2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37 HRS PER WEEK
How long have you known the applicant?	SINCE START OF EMPLOYMENT
Applicants start date of UK or Ireland employment	05/11/2018

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 X
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 X
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 X
Single leg graft duplex	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 X	>600 <input 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 X	>600 <input 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 X	>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 X
ABPI pre+post exercise-bilat	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 X	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>

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



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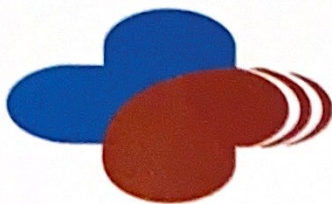
Email Address Katja.Norse@ivs-online.co.uk

Signed *Katja Norse*

Print Name **Katja Norse**
Designation **Deputy Director of Operations IVS Ltd**

Date 9th December 2021

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THE SOCIETY FOR
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Reference Request to Vascular Consultant

Applicant's name: Jack Wilson

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 IUS Ltd.
Start date of applicants current job 05/11/2018
Applicants current weekly hours working in
vascular ultrasound diagnostic scanning 37
How long have you known the applicant? 24 yrs

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:

Excellent, consistent reports which correlate clinically

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

pleasure to work with

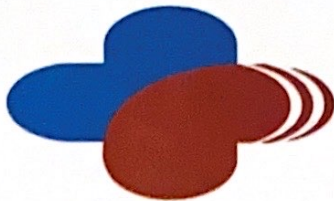
Email Address steve.richardson@mft.nhs.uk

Signed [Signature] Print Name Mr S. Richardson

Designation Consultant VASC Supervisor

Date 5/2/22

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Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
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Please comment on the applicant's ability to write clear reports and relay urgent findings appropriately:

Excellent, consistent reports which correlate clinically

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

pleasure to work with

Email Address steve.richardson@mft.nhs.uk
Signed [Signature] Print Name Mr S. Richardson
Designation Consultant VASC Supervisor
Date 5/2/22

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