

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name:

Leah Sayers.

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

Trainee Clinical Vascular Scientist

Applicants current Employer/Hospital

Northampton General Hospital

Start date of applicants current job

19 Nov 2012.

Applicants current weekly hours working in
vascular ultrasound diagnostic scanning

37.5 hours

How long have you known the applicant?

6 years.

Where applicable please comment on your perception of the applicant's proficiency in the following areas:

Duplex of carotid and vertebral arteries

Poor ☐

Acceptable ☐

Good ☐

Excellent ☒

Duplex of lower limb arteries

Poor ☐

Acceptable ☐

Good ☒

Excellent ☒

Duplex of varicose veins

Poor ☐

Acceptable ☐

Good ☒

Excellent ☐

Ankle Brachial Pressure Indices

Poor ☐

Acceptable ☐

Good ☐

Excellent ☒

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

Leah communicates clearly. Her reports are
brief & comprehensive and she recognizes serious
findings & communicates urgently / appropriately.

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

She has been an excellent, uncompaining
member of our team

Email Address

SREEVALSAN.KAPPAATH@NBT-NHS.UK

Signed

Print Name

S. KAPPAATH

Designation

Consultant & Head of Service

Date

1.2.19

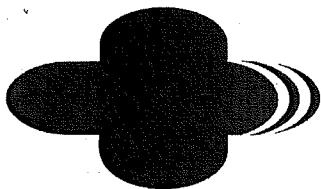
Vascular Surgery. NBT

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.

Mr S Kappadath
GMC 4761462

She is a quick learner &
cheerfully steps in to the
breach when there is additional
work.

She will be an asset to you
& will be missed here at RGH.



THE SOCIETY FOR
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Reference Request to Internal Assessor

Applicant's name: LEAH SAYERS

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 TRAINEE CLINICAL VASCULAR
Applicants current Employer/Hospital NORTHAMPTON GENERAL HOSPITAL, SCIENTIST.
Start date of applicants current job 19th NOVEMBER 2012.
Applicants current weekly hours working in
vascular ultrasound diagnostic scanning 37.5 HOURS.
How long have you known the applicant? 6 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:

LEAH IS COMPETENT IN WRITING CLEAR AND CONCISE REPORTS
DETAILING VASCULAR PATHOLOGY.

LEAH ESCALATES URGENT FINDINGS AND PATHOLOGY APPROPRIATELY.

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

Email Address JENNIFER.GRALE@NGLH.NHS.UK

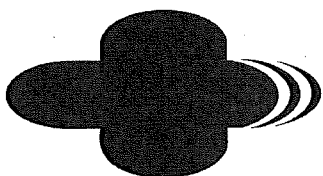
Signed J. Grale Print Name J. GRALE

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

Designation SENIOR CLINICAL VASCULAR SCIENTIST

Date 31/1/19

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THE SOCIETY FOR
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Reference Request to Current Line manager

Applicant's name: LEAH SAYERS

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>TRAINEE CLINICAL VASCULAR SCIENTIST</u>
Applicants current Employer/Hospital	<u>NORTHAMPTON GENERAL HOSPITAL</u>
Start date of applicants current job	<u>19th NOVEMBER 2012</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5 HOURS</u>
How long have you known the applicant?	<u>6 YEARS</u>
Applicants start date of UK or Ireland employment	<u>FEBRUARY 2012</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 checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input checked="" type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input 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 checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	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).

Email Address angela.martin@ngh.nhs.uk

Signed [Signature] Print Name ANGELA MARTIN

Designation SENIOR CLINICAL VASCULAR SCIENTIST

Date 1/2/2019

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.

