**Reference Request to Internal Assessor**

**Applicant’s name: \_\_Vikki Galgerud\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Scientist |
| Applicants current Employer/Hospital | IVS Ltd at Royal Oldham Hospital |
| Start date of applicants current job | January 2015 |
| Applicants current weekly hours working in vascular ultrasound diagnostic scanning | 37.5 |
| How long have you known the applicant? | 5.5 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 x

Duplex of lower limb arteries Poor Acceptable Good Excellent x

Duplex of varicose veins Poor Acceptable Good Excellent x

Ankle Brachial Pressure Indices Poor Acceptable Good Excellent x

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

Vikki is able to consistently identify and diagnose significant and relevant vascular disease. She produces timely, clear and accurate reports of finding and is able to identify and act on situations which need the appropriate urgent action. She works well within a team lab environment and also runs her own clinic sessions independently. She is proficient in providing vascular ultrasound support within a theatre environment.

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

**Email Address**.……Alison.dumphy@ivs-online.co.uk…………………………………………………………………………………………………………………….

**Signed**…………A DumphySmith……………..………………… **Print Name**…………Alison DumphySmith…………………….

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

**Designation**…………Clinical Vascular Scientist………………………………………………………………………..…….….

**Date**…13/10/2020………………………………………………………….……………..

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.