THE SOCIETY FOR VASCULAR TECHNOLOGY OF GREAT BRITAIN AND IRELAND

Reference Request to Current Line manager

Applicant's name: ____Jodie Baker_____

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	Trainee Vascular Scientist
Applicants current Employer/Hospital	Brighton and Sussex University Hospitals
Start date of applicants current job	26/02/2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	Since February 2018
Applicants start date of UK or Ireland employment	September 2015

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☐	1 – 100☐	101-300 ☐	301-600 ☐	>600√
Single leg duplex of arteries (aorta-TPT, inc iliacs)	0☐	1 – 100☐	101-300 ☐	301-600 √	>600☐
Single leg duplex of arteries (aorta-ankle)	0☐	1 – 100☐	101-300 √	301-600 ☐	>600☐
Single leg graft duplex	0☐	1 – 100☐	101-300 √	301-600 ☐	>600☐
Single leg duplex of primary varicose veins	0☐	1 – 100☐	101-300 ☐	301-600 ☐	>600√
Single leg duplex of recurrent varicose veins	0☐	1 – 100☐	101-300 √	301-600 ☐	>600☐
Ankle Brachial Pressure Indices-bilat	0☐	1 – 100☐	101-300 ☐	301-600 √	>600☐
ABPI pre+post exercise-bilat	0☐	1 – 100√	101-300 ☐	301-600 ☐	>600☐

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

Email Address..... simon.ward6@nhs.net .....

Signed..... **Print Name**...Simon Ward.....

Designation..... Consultant Vascular Scientist.....

Date..... 11/2/2021.....

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 VASCULAR TECHNOLOGY OF GREAT BRITAIN AND IRELAND

Reference Request to Internal Assessor

Applicant's name: ____Jodie Baker_____

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 Vascular Scientist
Applicants current Employer/Hospital	Brighton and Sussex University Hospitals
Start date of applicants current job	26/02/2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	Since February 2018

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:

Jodie's reports are concise with appropriate attention to the significant detail. She is fully aware of our site specific escalation process for unexpected or urgent findings.

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

Email Address..... simon.ward6@nhs.net.....

Signed..... SPWard ..... **Print Name**.....Simon . Ward.....

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

Designation.....Consultant Vascular Scientist .....

Date.....11/2/2021.....

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THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: ____Jodie Baker_____

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 Vascular Scientist
Applicants current Employer/Hospital	Brighton and Sussex University Hospitals
Start date of applicants current job	26/02/2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	Since February 2018

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:

Prompt, clear and concise reports with appropriate escalation of urgent findings.

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

Excellent team working and communication.

Email Address.....michael.brooks3@nhs.net.....

Signed..... ..... **Print Name** .....Mike Brooks.....

Designation...Lead Consultant Vascular Surgeon, Sussex Vascular Network.....

Date.....07/01/2021.....

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.