



Reference Request to Internal Assessor

Applicant's name: Ikhlal Rana

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	Mid and South Essex NHS Foundation Trust/ Broomfield hospital Chelmsford
Start date of applicants current job	February 2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	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:

Through the long employment he has proved that he can deal with urgent cases /findings with the most professional way contacting the appropriate staff. He presents detailed reports analysing findings and comments on them in MDTs.

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

Very good professional approach to patients. Open to discussion on findings and very good communication skills, with vascular consultants and the vascular clinic staff.

Email Address.....n.sanoudos@nhs.net.....

Signed.......... **Print Name**...Nikolaos Sanoudos MSc AVS RVT ARDMS.....

✓ AVS for at least 1 year

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

Designation.....Lead Clinical Vascular Scientist.....

Date.....6/6/2022.....

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.