

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Current Line manager

Applicant's name: Heather Lynn _____

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	Aberdeen Royal infirmary
Start date of applicants current job	06/01/2014
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	34 hrs
How long have you known the applicant?	2 yrs
Applicants start date of UK or Ireland employment	

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 X	>600 <input type="checkbox"/>
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 X	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-ankle)	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 X	>600 <input type="checkbox"/>
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 X	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 X	301-600 <input type="checkbox"/>	>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 X	>600 <input type="checkbox"/>
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).

Email Address..fiona.murray4@nhs.scot.....

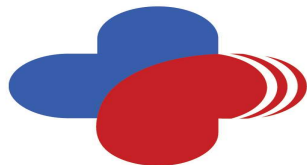
Signed.....


Print Name...Fiona Murray.....

Designation...Unit Operational Manager.....

Date...10.02.22.....

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
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Reference Request to Vascular Consultant

Applicant's name: Heather Lynn _____

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 Clinical Scientist
Applicants current Employer/Hospital	Aberdeen Royal infirmary
Start date of applicants current job	06/01/2014
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	34
How long have you known the applicant?	7 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 checked="" type="checkbox"/>	Excellent <input type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Excellent <input type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Excellent <input 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:

Heather is able to write concise and accurate reports and also to convey the information in a similar fashion verbally.

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

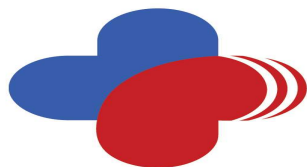
Email Address.....euan.munro@nhs.scot.....

Signed..... **Print Name**.....Euan N Munro.....

Designation.....Consultant Vascular Surgeon & Clinical Lead.....

Date.....05/10/2021.....

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