

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Internal Assessor

Applicant's name: Ellie Tuck

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	University Hospitals Sussex NHS Foundation Trust/ Royal Sussex County Hospital Brighton
Start date of applicants current job	March 2015
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	22.5 (from Dec 2020), previously F/T
How long have you known the applicant?	Since March 2015

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 checked="" type="checkbox"/>	Excellent <input type="checkbox"/>

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

Ellie's reports are clear 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..... *Simon Ward* Print Name..... Simon . Ward

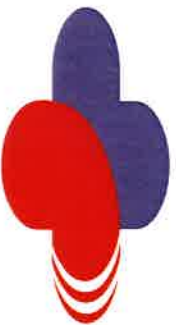
☒ AVS for at least 1 year

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

Designation..... Consultant Vascular Scientist

Date..... 11/04/2022

By signing this form you consent for your information to be uploaded to the SVTGBl website and for the SVTGBl to contact you in regards to this reference.



Reference Request to Current Line manager

Applicant's name: Eloise Tuck

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	University Hospitals Sussex NHS Foundation Trust/ Royal Sussex County Hospital Brighton
Start date of applicants current job	March 2015
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	22.5 (F/T until Dec. 2020)
How long have you known the applicant?	Since March 2015
Applicants start date of UK or Ireland employment	March 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	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input type="checkbox"/> >600	X
Single leg duplex of arteries (aorta-TFT, inc iliacs)	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input type="checkbox"/> >600	X
Single leg duplex of arteries (aorta-ankle)	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input type="checkbox"/> >600	X
Single leg graft duplex	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input type="checkbox"/> >600	X
Single leg duplex of primary varicose veins	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input type="checkbox"/> >600	X
Single leg duplex of recurrent varicose veins	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input type="checkbox"/> >600	X
Ankle Brachial Pressure Indices bilat	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input type="checkbox"/> >600	X
ABPI pre-post exercise-bilat	<input type="checkbox"/> 0	<input type="checkbox"/> 1 – 100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-600	<input type="checkbox"/> >600	X

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..... Simon Ward Print Name..Simon Ward.....

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

Date..... 11/04/2022.....

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