

THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

## Reference Request to Vascular Consultant

Applicant's name: Sorcha Murray

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	<u>SENIOR VASCULAR PHYSIOLOGIST</u>
Applicants current Employer/Hospital	<u>MATER MISERICORDIAE UNIVERSITY HOSPITAL</u>
Start date of applicants current job	<u>2014</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37</u>
How long have you known the applicant?	<u>9 years.</u>

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 type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" 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:

I HAVE NEVER HAD AN ISSUE WITH SORCHA'S PERFORMANCE AT ANY STAGE IN HER CAREER.

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

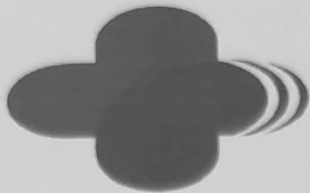
Email Address: carcdonnell@mater.ie

Signed: [Signature] Print Name: CARAN M. DONNELL

Designation: CONSUULTANT VASCULAR SURGEON

Date: 27/1/20

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.



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## Reference Request to Internal Assessor

Applicant's name: Sorcha Murray

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 Senior Vascular Physiologist  
Applicants current Employer/Hospital  Mater Hospital Dublin   
Start date of applicants current job 2014  
Applicants current weekly hours working in vascular ultrasound diagnostic scanning 37 hours per week  
How long have you known the applicant? 710 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 type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" 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:

Sorcha has Excellent Reporting skills.  
She has no issue clearly & concisely  
relaying urgent findings to other members  
of the Clinical team.

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

Email Address cgray@mater.ie

Signed [Signature] Print Name CLEONA GRAY

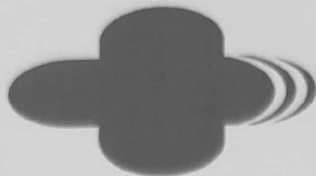
✓ AVS for at least 1 year

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

Designation Chief 2 Vascular Physiologist

Date 29/1/20

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## Reference Request to Current Line manager

Applicant's name: Sarah Murray

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

Senior Vascular Physiologist

Applicants current Employer/Hospital

Temple Hospital Dublin

Start date of applicants current job

2014

Applicants current weekly hours working in vascular ultrasound diagnostic scanning

37 hours

How long have you known the applicant?

>10 years

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 <input type="checkbox"/>	>600 <input checked="" 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 <input type="checkbox"/>	>600 <input checked="" 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 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>
Single leg graft duplex	0 <input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>
Single leg duplex of primary varicose veins	0 <input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>
Single leg duplex of recurrent varicose veins	0 <input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>
Ankle Brachial Pressure Indices-bilat	0 <input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>
ABPI pre+post exercise-bilat	0 <input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>

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

Email Address: cgray@mater.ie

Signed: [Signature] Print Name: Claire Gray

Designation: Chief 2 Vascular Physiologist

Date: 29/11/20

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