

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: TARA LORENA V. ROBERTO

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 SONOGRAPHER
Applicants current Employer/Hospital	ASHFORD AND ST PETER'S HOSPITAL
Start date of applicants current job	APRIL 2016
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	36 hrs
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
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:

Very capable, very diligent, + no concerns.
Decision making improving day by day.

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

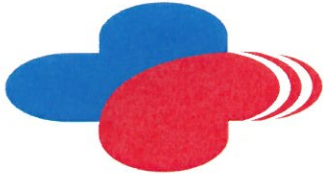
Email Address: tahir.ali7@nhs.net

Signed: [Signature] Print Name: Tahir Ali

Designation: Consultant

Date: 5/5/21

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.



Reference Request to Current Line manager

Applicant's name: TARA LOPENA V. ROBERTO

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	<u>TRAINEE VASCULAR SONOGRAPHER</u>
Applicants current Employer/Hospital	<u>ASHFORD AND ST PETERS HOSPITAL</u>
Start date of applicants current job	<u>APRIL 2016</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>36 HOURS</u>
How long have you known the applicant?	<u>5 years</u>
Applicants start date of UK or Ireland employment	<u>MAY 2011</u>

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).

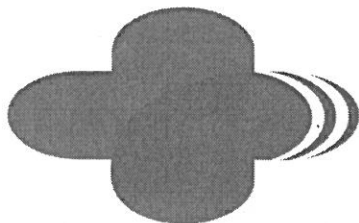
Email Address jaequeline.kinsella@nhs.net

Signed [Signature] Print Name JACQUI KINSELLA

Designation UNIT MANAGER

Date 06-05-21

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Reference Request to Previous Line manager

Applicant's name: TARA LORENA ROBERTO

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 **previous line manager** you can help confirm their eligibility. We would be grateful if you could fill in the details below.

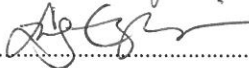
Applicants previous job title	<u>VASCULAR SONOGRAPHER</u>
Applicants previous Employer/Hospital	<u>LIFE LINE SCREENING UK LTD.</u>
Start date of applicants previous job	<u>MAY 2011</u>
End date of applicants previous job	<u>NOVEMBER 2014</u>
Applicants previous weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5 HOURS</u>
How long have you known the applicant?	<u>8 YRS.</u>

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 previous employment?

Bilateral duplex of carotid and vertebral arteries	<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)	<input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-ankle)	<input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg graft duplex	<input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of primary varicose veins	<input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	<input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Ankle Brachial Pressure Indices-bilat	<input type="checkbox"/>	1 - 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
ABPI pre+post exercise-bilat	<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).

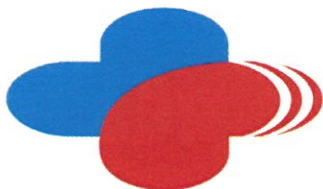
Email Address: Mary-Grace.Yuvienco@nhs.net

Signed:  Print Name: MARY-GRACE YUVIENCO

Designation: SENIOR RADIOGRAPHER

Date: 26/11/2019

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 Internal Assessor

Applicant's name: Tara Lorena Roberto

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	<u>Trainee Vascular Scientist</u>
Applicants current Employer/Hospital	<u>Vascular Imaging Services / St. Peters Hospital</u>
Start date of applicants current job	<u>April 2016</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>36 Hours</u>
How long have you known the applicant?	<u>3 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 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:

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

Email Address: JACQUELINE.KINSELLA@NHS.NET

Signed: [Signature] Print Name: JACQUI KINSELLA

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

Designation: UNIT MANAGER

Date: 13-11-19

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