

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: ISABEL SOFTLEY

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>CLINICAL VASCULAR SCIENTIST</u>
Applicants current Employer/Hospital	<u>CAMBRIDGE UNIVERSITY HOSPITALS</u>
Start date of applicants current job	<u>SEPTEMBER 2020</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5</u>
How long have you known the applicant?	<u>22 months</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:

Very clear reports. Very accessible. Timely reporting if required.

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

Very diligent and approachable.
Always happy to discuss and add insight.

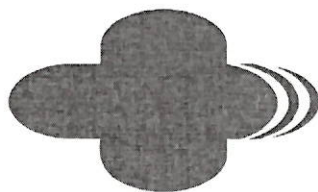
Email Address: tristan.lane@nhs.net

Signed: [Signature] Print Name: TRISTAN LANE

Designation: Consultant Vascular Surgeon

Date: 10/7/2022

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.



THE SOCIETY FOR
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Reference Request to Internal Assessor

Applicant's name: ISABEL SOFTLEY

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>CLINICAL VASCULAR SCIENTIST</u>
Applicants current Employer/Hospital	<u>CAMBRIDGE UNIVERSITY HOSPITALS</u>
Start date of applicants current job	<u>SEPTEMBER 2020</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5</u>
How long have you known the applicant?	<u>21 MONTHS</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:

CLEAR AND CONCISE REPORTS AND PROACTIVE IN ESCALATING FINDINGS

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

I FULLY SUPPORT THIS APPLICATION

Email Address robert.elliott@addenbrookes.nhs.uk

Signed [Signature] Print Name ROBERT ELLIOTT

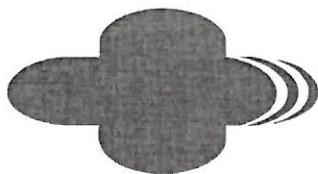
✓ AVS for at least 1 year

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

Designation LEAD VASCULAR SCIENTIST

Date 27/6/22

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THE SOCIETY FOR
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Reference Request to Current Line manager

Applicant's name: ISABEL SOFTLEY

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>CLINICAL VASCULAR SCIENTIST</u>
Applicants current Employer/Hospital	<u>CAMBRIDGE UNIVERSITY HOSPITALS</u>
Start date of applicants current job	<u>SEPTEMBER 2020</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5</u>
How long have you known the applicant?	<u>21 MONTHS</u>
Applicants start date of UK or Ireland employment	<u>SEPTEMBER 2017</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 <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 checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>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 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg graft duplex	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input checked="" type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input 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 checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
ABPI pre+post exercise-bilat	0 <input type="checkbox"/>	1 – 100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	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 robert.elliott@addenbrookes.nhs.uk

Signed [Signature] Print Name ROBERT ELLIOTT

Designation LEAD VASCULAR SCIENTIST

Date 27/6/22

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