



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Current Line manager

Applicant's name:

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

Applicants current Employer/Hospital

Start date of applicants current job

Applicants current weekly hours working in
vascular ultrasound diagnostic scanning

How long have you known the applicant?

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 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 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 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 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 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 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 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 type="checkbox"/> |

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

Signed..... **Print Name**.....

Designation.....

Date.....