



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

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 **Vascular Consultant** you can help confirm their eligibility. We would be grateful if you could fill in the details below.

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?

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 type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Ankle Brachial Pressure Indices	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input 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).

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

Designation.....

Date.....