

## Consent Form

For use when interviews, Facilitated Usability, Observation, or Lab Experiments are involved.

**Project title:** *Class Research Project: COMP719 (The UX Testers)*

**Project Supervisor:** *Dr Robert Wellington*

**Researchers:** *Dan Wood, Dylan Tyndale, Saksham Anand, Tristan Kells*

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 17 September 2018.
- ☐ I have had an opportunity to ask questions and to have them answered.
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- ☐ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a summary of the research findings (please tick one): Yes ☐ No ☐

Participant's signature: *Krishan*

Participant's name: *Krishan Sherna*

Participant's Contact Details (if appropriate):

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Date: *12/10/18*

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Participant's signature: *Wande Hussein*

Participant's name: Wande Hussein

Participant's Contact Details (if appropriate):

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Participant's signature: \_\_\_\_\_

*Saksham*

Participant's name: \_\_\_\_\_

*Shriraj Chohan*

Participant's Contact Details (if appropriate):

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*021184 0925*  
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Participant's name: .....

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Participant's signature:



Participant's name:

*Asher Talapaty*

Participant's Contact Details (if appropriate):

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Participant's signature: 

Participant's name: David Tee

Participant's Contact Details (if appropriate):

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Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):  
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Participant's signature: .....

*Jing Zhang*

Participant's name: .....

*Jing Zhang*

Participant's Contact Details (if appropriate):

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Date:

*6<sup>th</sup> Dec 2018*

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Participant's signature: \_\_\_\_\_

Participant's name: \_\_\_\_\_

Participant's Contact Details (if appropriate):

021 1619 719

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Participant's signature: *Mussab*

Participant's name: *Mussab*

Participant's Contact Details (if appropriate):

Date: *11/10/18*

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Participant's signature: Gomez

Participant's name: Gomez Gaylord

Participant's Contact Details (if appropriate):

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