# Consent Form

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

*Project title:* ***Class research project: Comp719***

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

*Researcher:* ***xxx***

⭘ I have read and understood the information provided about this research project in the Information Sheet dated dd mmmm yyyy.

⭘ I have had an opportunity to ask questions and to have them answered.

⭘ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed. *(delete if not required)*

⭘ I understand that I will be recorded on video, but that this is then analysed and my face or any distinguishing features will not be used in any publication. The video tapes will be then be stored in a locked cupboard in the office of the School of Engineering Computing and Mathematical Sciences. *(delete if not required)*

⭘ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.

⭘ 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: .....................................................…………………………………………………………

Participant’s name: .....................................................…………………………………………………………

Participant’s Contact Details (if appropriate):

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Date:

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The Participant should retain a copy of this form.*