

CONSENT FORM

Study Title: User Experience of Food Ordering Apps

	Please initial box	
I confirm that I am over the age of 16 years.	<input type="checkbox"/>	
I agree to take part in the above study.	<input type="checkbox"/>	
	Yes	No
I will not share any information about the study with any other third party.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the data gathered in this study is anonymous and may be shared anonymously with other researchers in the future. (personal details will not be stored or shared).	<input type="checkbox"/>	<input type="checkbox"/>
I will give my honest answer for each question.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to participate in the research study. I have read the above information and I understand that my participation is voluntarily. I am free to withdraw from the study at any time, without reason.	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, you are indicating that you have read and understand the above agreement and that you will follow all of the specified conditions.

Name of Participant

Date

Signature

Name of Researcher

Date

Signature