Consent Form (User Testing)

Title of Project: Fabric De	efect Detection using Compute	r Vision
Name of Project Student: _	Tom Schofield	
	Initial the box if you	agree with the statement to the left
	ad and understand the information ect and I have had the opportunity	- 1.1 VV
time without giving any raddition, should I not wis	rticipation is voluntary and that I a eason and without there being any th to answer any particular question tails here of project student.	negative consequences. In
	my responses will be kep me will not be linked with the proje le in the report or reports that resul	ect materials, and I will not
4 I agree for the data collect	ted from me to be used in future re	search.
5 I agree to take part in the contact details change.	e above project and will inform the	project student should my
Joseph Westerman	18/04/2023	Toe Lefeman
Name of participant (or legal representative)	Date	Signature
Name of person taking cons (if different from project study	dent)	Signature
To be signed and dated in pr	esence of the participant	
Tom Schofiled	18/04/2023	lang
Project student To be signed and dated in pr	Date resence of the participant	Signature