

## Consent Form (User Testing)

Title of Project: \_\_\_\_\_

Name of Project Student: \_\_\_\_\_

*Initial the box if you agree with the statement to the left*

- |   |   |                          |
|---|---|--------------------------|
| 1 | I confirm that I have read and understand the information sheet dated <i>[insert date]</i> explaining the above project and I have had the opportunity to ask questions about the project.  | <input type="checkbox"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. <i>Insert contact details here of project student.</i> | <input type="checkbox"/> |
| 3 | I understand that my responses will be kept strictly confidential. I understand that my name will not be linked with the project materials, and I will not be identified or identifiable in the report or reports that result from the project.   | <input type="checkbox"/> |
| 4 | I agree for the data collected from me to be used in future research.   | <input type="checkbox"/> |
| 5 | I agree to take part in the above project and will inform the project student should my contact details change.   | <input type="checkbox"/> |

\_\_\_\_\_  
Name of participant  
(or legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent  
(if different from project student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*To be signed and dated in presence of the participant*

\_\_\_\_\_  
Project student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*To be signed and dated in presence of the participant*