Consent Form (User Testing)

Title of Project:	Fabric Defe	ct Detection using Comput	ter Vision	
Name of Project S	Student: Tor	n Schofield		
		Initial the box if you	ı agree with the statement :	to the left
	I confirm that I have read and understand the information sheet dated [insert date] explaining the above project and I have had the opportunity to ask questions about the project.			
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. Insert contact details here of project student.				M.S
	that my name v	responses will be ke will not be linked with the proj n the report or reports that resu	·	M.S
I agree for the data collected from me to be used in future research.				M.S
I agree to take part in the above project and will inform the project student should my contact details change.				M.S
Molly Sheppare	d	14/04/2023	M	
Name of participant (or legal representative)		Date	Signature	
Name of person taking consent (if different from project student) To be signed and dated in presence		t)	Signature	
Tom Schofield		14/04/2023	and	
Project student		Date	Signature	
To be signed and	dated in prese	nce of the participant		