

## Consent Form (User Testing)

Title of Project: Fabric Defect Detection using Computer Vision

Name of Project Student: Tom Schofield

*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 *[insert date]* explaining the above project and I have had the opportunity to ask questions about the project.

W.S

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. *Insert contact details here of project student.*

W.S

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.

W.S

4 I agree for the data collected from me to be used in future research.

W.S

5 I agree to take part in the above project and will inform the project student should my contact details change.

W.S

**William Smith**

Name of participant  
(or legal representative)

**18/04/2023**

Date



Signature

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

Date

Signature

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

**Tom Schofield**

Project student

**18/04/2023**

Date



Signature

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