

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