

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

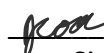
- 1 I confirm that I have read and understand the information sheet dated *[insert date]* explaining the above project and I have had the opportunity to ask questions about the project. A.C
- 2 I understand that my participation is voluntary and that I am free to withdraw at any time without giving any 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.* A.C
- 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. A.C
- 4 I agree for the data collected from me to be used in future research. A.C
- 5 I agree to take part in the above project and will inform the project student should my contact details change. A.C

Amelia Cook

Name of participant
(or legal representative)

02/05/2023

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

02/05/2023

Date



Signature

To be signed and dated in presence of the participant