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**ACS-3916 Course Project: Consent Form**

# **Principal Investigator:**

# *<Jeanette Bautista>,* Department of Applied Computer Science, University of Winnipeg, *<email address of instructor> <phone number of instructor>*

**Student Investigators:**

*<student lastname1, firstname1 email address>*

*<student lastname2, firstname2 email address>*

...

Thank you for participating in this study. This work is affiliated with the University of Winnipeg course Human-Computer Interaction (ACS-3916). Please note that we are seeking *<type of user, e.g., people who have used a smartphone for more than 6 months>*.

The overall purpose of this research is to *­­­­­­­­­­<fill in main purpose, e.g., improve the learnability of a smartphone application>*.

After you have read this document, we will answer any questions or concerns that you may have. Once you have signed this consent form, you will be asked to:

*[include options as applicable.]*

- complete a questionnaire

- answer interview questions

- participate in a focus group

- interact with physical objects (e.g., a paper prototype)

- interact with digital systems (e.g., a mobile phone, a website)

- be observed while doing a routine activity (e.g., registering for courses)

This should take about *<insert time>*.

*[Include the following sentence if there is audio/video recording in your study.]*

The sessions may also be video and/or audio recorded. You have the option not to be video/audio recorded.

Data collected (including any audio/video recordings) will be used for analysis and may also be used for class project presentations and other research presentations.

There is no compensation for participating in this study.

# The results of your participation will be reported without any reference to you specifically. All information that you provide will be treated confidentially and your identity will not be revealed in reporting the study results.

# Identifiable data and video/audio recordings will be stored securely in a locked metal cabinet. All data from individual participants will be coded so that their anonymity will be protected in any report or presentation.

*[Include the following section if there is audio/video recording in your study.]*

If you are interested in the results of the study, a summary can be made available to you upon request.

Indicate your agreement to **one** of the following options by providing your **initials**:

- I consent to being video/audio recorded for this study. \_\_\_\_\_\_\_

- I consent to being audio recorded only (no video) for this study. \_\_\_\_\_\_\_

- I do NOT consent to being video/audio recorded for this study. \_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study. However, I realize that my participation is voluntary and that I am free to withdraw at any time.

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Participant’s Signature Date