

Participant Information Sheet

Project Title: Evaluation of Mobile Project Management System

Project Team Members: Tan Chia Aun, Lee Jo Lyn, Ik Tzu Ming, Wong Chuen Ting, Lim Zhi Wei

Project Manager: Tan Chia Aun

1. Purpose of the study

You are invited to participate in evaluating and improving the design of Mobile Project Management System.

2. Procedures

During the study, you will be asked to perform a set of tasks using Mobile Project Management System. These tasks consist of navigating through the system. Your role in these tests is to help us evaluate the design of the website. We are not evaluating you or your performance in any way. As you perform various tasks with the system, your actions and comments will be noted, and you will be asked to describe verbally your learning process. You may be asked questions during and after the evaluation, in order to clarify our understanding of your actions and view of the system.

The evaluation session will last no more than 15 minutes. The tasks are not tiring at all, but you are welcome to take rest breaks as needed.

3. Risks and Benefits

There are no known risks to the participants of this study. Your participation in this project will provide information that may be used to improve the design for the Mobile Project Management System.

4. Anonymity and Confidentiality

The results of this study will be kept strictly confidential. The information you provide will have your name removed and only a subject number will be used to identify you during analyses and any written reports of the research. The experiment will be recorded, and all data stored securely, viewed only by experimenters and erased after 3 months. If you allow experimenters to use a portion of your recording for screening outside the project community, you must indicate this by selecting 'YES' for Statement 4 on the Consent Form.

5. Additional Information

Your participation is voluntary and unpaid. You are free to withdraw from this study at any time for any reason.

6. Contact Information

If you have any queries regarding this study, you are encouraged to contact:

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CONSENT FORM

1. I have read information provided Participant in the Information Sheet. ☐ Yes ☐ No
2. All questions have been answered to my satisfaction. ☐ Yes ☐ No
3. I agree to participate in this study. ☐ Yes ☐ No
4. I authorize the use of my recordings for external viewing. ☐ Yes ☐ No

Name of Participant

Date

Signature

Name of Person
taking consent

Date

Signature