**TITLE OF STUDY**

Business Website

**MEMBERS:**BISPO, Allyza Denise

JEBULAN, Ma. Eliza

RAMIREZ, Ishmael

REMATA, John Matthew

**PURPOSE OF STUDY**  
  
We would like to ask for you consent in using the information and resources in your store as part of our project in our subject Integrative Programming and Technologies.

Our project is to create a website that will suit the needs of a business we have chosen. With your permission, we would like to establish a website for your business. It is in your discretion if you will use this for future purposes. Please ask one of our members if there is anything you would like to clarify.

**CONFIDENTIALITY**

Your agreement to this project will be anonymous. Every effort will be made by the members to preserve your confidentiality including the following:

[State measures taken to ensure confidentiality, such as those listed below:

* The nature of the business itself and other classified information that may be used against the business.
* Keeping notes, interview transcriptions, and any other identifying participant information

Business data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents.

**CONTACT INFORMATION**

If you have questions at any time about our project you can contact us in these numbers:

* 09065645244 – Ishmael Ramirez

**VOLUNTARY PARTICIPATION**

Your participation in this project is voluntary. It is up to you to decide whether or not to take part in this project. If you decide to take part in this project, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this project will not affect the relationship you have, if any, with the researcher. If you withdraw from the project before data collection is completed, your data will be returned to you or destroyed.

**CONSENT**  
  
I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_   
  
  
  
Member's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_