**Consent Form**

**A phone application to aid diagnosis of potato disease**

(Please initial the box)

1. I have read and understand the above information sheet dated ….. for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving any reason and without penalty.

1. I understand that my data collected during the study may be looked at by individuals from the research team where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.
2. I understand that the data that is collected about me from the study only relates to the use of the application.
3. I understand that all information will be kept confidential and data will be stored in an anonymized manner. No photographs or video footage will be recorded of any participants. If any findings are published no references to your identity will be made and no data will be identifiable as yours
4. I agree to take part in the above study.

Name of participant: Signature: Date:

Name of Researcher taking Consent: Signature: Date: