



CONSENT FORM FOR MEETING

PURPOSE OF THE MEETING

You are being invited to take part in this meeting in partial fulfillment for our course SOFENGG (Introduction to Software Engineering). Before you decide to participate in this study, it is important for you to understand why the research is being done and what your participation will involve. Please read the following information carefully and feel free to ask the researchers if there is anything that is not clear or if you need more information. The purpose of this meeting is to clarify the certain specifications the system you would want to make the group implement.

DURATION, RISKS, CONFIDENTIALITY

The meeting will take 1 hour of your time. We do not anticipate any risks associated with your participation, but you have the right to stop the meeting or withdraw at any time. Your responses will be anonymous, rest assured that any information disclosed will be treated with the utmost confidentiality, and will only be used for this project alone. Would you therefore read the accompanying information sheet and then sign below to certify that you approve the following:

I agree to participate in this study and in this meeting to discuss specifications that need clarification by the researchers.

☐

I confirm that I have read and understood the details of the meeting as mentioned above.

☐

I understand that the information I release will be utilized with utmost confidentiality.

☐

I understand that the information I release will only be used in this project and will be destroyed after the completion of the course and the requirement.

☐

I understand that my participation is voluntary and that I am free to withdraw anytime, without given reason.

☐

I agree to the interview being audio or video recorded and that a transcript could be produced.

☐

I understand that upon request, data collected from this meeting can be obtained and corrected if necessary.

☐

Any variation of the conditions above will only occur with your further explicit approval.

CONTACT INFORMATION

If you have questions regarding this study at any time, feel free to contact any one listed below

Juan,Rhei

0956 492 3012

Sy, Hannah

0917 585 4624

Lalic, Lemuel

0905 255 4814

De Castro, Brian

0921 317 0705

CONSENT

I have read the provided information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I understand that I will be given a copy of this form, and the researcher will keep another copy on file. I consent voluntarily to be a participant in this study.

Participants Name and Signature

Rhei Justin Juan
Project Manager

Hannah Sy
Researcher

Lemuel Lalic
Researcher

Brian de Castro
Researcher

Noted by:

Jordan Deja
College of Computer Studies Faculty