

Consent Form

The application [--APPLICATION NAME--] is being developed as part of the coursework for course INFO 31179 at Sheridan College. Participants in the usability evaluation of the application provide data that is used to evaluate and modify the interface of the application. Data will be collected by interview, observation and questionnaire.

Participation in this experiment is voluntary. Participants may withdraw themselves and their data at any time without fear of consequences.

Participant anonymity will be provided by the separate storage of names from data. Data will only be identified by participant number. No identifying information about the participants will be available to anyone except the student researchers and their supervisors/teaching staff.

I hereby acknowledge that I have been given an opportunity to ask questions about the nature of the experiment and my participation in it. I give my consent to have data collected on my behavior and opinions in relation to the usability evaluation.

[---- The Text below should be used only if you plan to record the Participant ----]

[---- Remove it if you just plan to make notes during the evaluation ----]

I also give permission for images/video of me using the application to be used in presentations or publications as long as I am not personally identifiable in the images/video. I understand I may withdraw my permission at any time.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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