

## Recording consent form

Thankyou for participating in our usability testing.

We will be recording your session to allow Maynooth University Computer science department staff members who are unable to be here today to observe your session and benefit from your comments.

Please read the statement below and sign where indicated.

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I understand that my usability test session will be recorded.

I grant Maynooth University Computer science department permission to use this recording for the purpose of improving the designs being tested.

Signature: 

Print your name: Ruchi Hemani Kashiwala

Date: 28<sup>th</sup> May 2019