

**Software Usability Testing**

**INFORMATION SHEET FOR PARTICIPANTS**

You are invited to take part in this research. Please read this information before deciding whether or not to take part. If you decide to participate, thank you. If you decide not to participate, thank you for considering this request.

**Who am I / are We?**

(My name is | We are) *[add name]* and (I am a | we are ) student in *[add course]* at Victoria University of Wellington. This analysis of the useability of this tool is part of the completion of the course.

**What is the aim of the project?**

This product is for *[explain the object/system in language appropriate to your audience]*. It has been developed by *[name of the project team]*. Your participation will support this research by providing an evaluation of the usability of the tool that we developed or are testing*.* The product is intended for use by *[something about the end use of the thing you are testing].*  
This teaching activity has been approved by the Victoria University of Wellington Human Ethics Committee with approval **#29386**

**How can you help?**

You have been invited to participate because you are a student in the Engineering and Computer Science school enrolled in a course related to software development which requires some testing of the software you are developing. As part of getting feedback from other students it is important to also provide feedback on other student projects. If you agree to take part you will be asked to use the *[product/system]* on a *[computer/smartphone] [which we will provide/you will be asked to provide]* at *[specify location of interview]*. *[We will screen track/make notes of]* your use of the *[product/system]]. [You will be asked to complete a questionnaire after you use the product/service]/[We will invite you to be interviewed after about your experience of using the [product/service].*

The research will take *[specify total length of time]*. You can stop the user testing at any time *[by letting us know/closing the program/closing the app]*, without giving a reason. You can withdraw from the study by contacting me or the course coordinator at any time before the end of Trimester. If you withdraw, the information you provided will be destroyed or returned to you.

**What will happen to the information you give?**

This research is confidential. This means that the students conducting this user test will be aware of your identity but the research data will be combined and your identity will not be revealed in any reports, presentations, or public documentation.

Only my supervisors and I will access the notes or transcript of the interview and user test. The material I collect will be kept securely and destroyed 1 month after the end of the Trimester in which the course runs.

**What will the project produce?**

The information from this usability test will form part of the submitted work for the course [course code and name]. In some situations the projects developed in this course may be developed beyond the end of the course and the feedback provided can be used to inform that development, but all personal information will be anonymised.

**If you accept this invitation, what are your rights as a research participant?**

You do not have to accept this invitation if you don’t want to. If you do decide to participate, you have the right to:

• choose not to answer any question;

• stop the interview or test at any time;

• withdraw from the study at any time;

• ask any questions about the study at any time;

• [receive a copy of your interview transcript] *[if it is transcribed and going to be offered];*

• [read over and comment on a written summary of your interview] *[if one will be produced and is going to be offered];*

• be able to read the final report a week after this assignment/project work has submitted by emailing the researcher to request a copy.

**If you have any questions or problems, who can you contact?**

If you have any questions, either now or in the future, please feel free to contact either:

|  |  |
| --- | --- |
| **Student:**  Name:  University email address:  *[Note: students should not provide personal cell phone numbers]* | **Corse Coordinator:**  Name:  Role:  School:  Phone:  *[first.last]*@vuw.ac.nz |

**Human Ethics Committee information**

If you have any concerns about the ethical conduct of the research you may contact the Victoria University of Wellington HEC Convenor: Associate Professor Judith Loveridge. Email hec@vuw.ac.nz or telephone +64-4-463 6028.



***[Add Course Title here]***

**CONSENT TO PARTICIPATE IN USER TESTING**

This consent form will be held for 5 years.

Researcher: *[Add Name]* Engineering and Computer Science, Victoria University of Wellington*.*

• I have read the Information Sheet and the project has been explained to me. My questions have been answered to my satisfaction. I understand that I can ask further questions at any time.

• I agree to take part in this user test.

I understand that:

• I may withdraw from this study at any point before the end of Trimester and any information that I have provided will be returned to me or destroyed.

• The identifiable information I have provided will be destroyed one month after the end of this Trimester.

• Any information I provide will be included in a final report but the observation notes kept confidential to the researcher and the course coordinator/lecturer.

• I understand that the results will be used for areport

• My name will not be used in reports and utmost care will be taken not to disclose any information that would identify me.

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| • | I would like a copy of the transcript of my interview: *[if it is transcribed and going to be offered]* | Yes 🞏 | No 🞏 |
| • | I would like a summary of my interview: *[if one will be produced and going to be offered]* | Yes 🞏 | No 🞏 |
| • | I would like to receive a copy of the final report and have added my email address below. | Yes 🞏 | No 🞏 |

Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_