**Third Party Authorisation to fly Drones on University Premises**

**Applicable to flight of third-party drones only**, contact [Health, Safety & Resilience](mailto:healthandsafety@swansea.ac.uk) team regarding in-house owned equipment.

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| **Project/ Activity/ Event:** | | | | | | **Responsible Person/ Organiser**  Name:  Faculty/ Dept:  Tel:  Email: | | |
| **Proposed flight date(s) and time(s):** | | | | | | | | |
| **Location(s)** | | | | | | | | |
| **Drone Operator details (name, address, phone, email)** | | | | | | | | |
| **Flyer ID:** | |  | | **Operator ID:** | | | |  |
| **Drone information: Make/ Model** | |  | | | | | | |
| **Please provide the following information** | | | | | | | **(ADMIN ONLY)**  **Yes/ No** | |
| Please provide confirmation of your operational authorisation | | | | | | |  | |
| Have you undertaken a site specific risk assessment?    Please provide a copy of the risk assessment along with this form. | | | | | | |  | |
| Data Protection – any issues addressed and arrangements in place to manage it? | | | | | | |  | |
| Insurance (public liability)  Policy Number: | | | | | | |  | |
| Expiry date: |  | | Policy limit: | |  | |
| **Permissions / Notifications** | | | | | | | **Contact Name and Date** | |
| Have SU Security been notified of this flight (notification)  Yes  No | | | | | | |  | |
| Other organisations as applicable – e.g. Air Traffic Control (<http://www.nats.aero/contact/>) and any landowners where flights will cross their property | | | | | | |  | |
| **Authorisation to Fly** | | | | | | |  | |
| On-the-day monitoring – name and contact details if different to Responsible Person | | | | | | | Name:  Contact Number: | |
| Authorisation Acceptor (Pilot): The information provided is accurate on the day of submission and I (pilot) will fly according to the risk assessment and operational authorisation. | | | | | | | Name:  Signature:  Date: | |
| Authorisation Issuer (Organisation): the flight(s) may proceed in line with the above RAMS. This Authorisation is valid only for the dates listed. | | | | | | | Name:  Signature:  Date: | |