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

**Applicable to flight of third-party drones only**, contact Health, Safety & Resilience 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: |