**This form is to be completed by a member of staff who has a need to fly a drone over University of Essex grounds. The University requires a minimum of 3 weeks’ notice for a proposed flight. Should insufficient notice be received it is not guaranteed that the flight can be carried out. Please make your submission to** [**ems-ops-comms@essex.ac.uk**](mailto:ems-ops-comms@essex.ac.uk)

**For information on flying a drone on campus please visit our webpages for** [**support with submitting your form**](https://www.essex.ac.uk/staff/event/application-to-fly-sua)**, and [for safety information.](https://www.essex.ac.uk/staff/risk-assessment/flying-unmanned-aircraft-systems)**

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| --- | --- | --- |
| 1. **Organiser details** | | |
| **Organisers name** |  | |
| **Organisers email address** |  | |
| **Organisers University of Essex department** |  | |
| **The drone pilot is** (select one) | A staff member of the University of Essex  An external contractor or company | |
| 1. **Flight details** | | |
| **Flight date(s)** |  | |
| **Start time** (from time of set-up) |  | |
| **Finish time** (location cleared) |  | |
| **Location** |  | |
| **Please provide a full description of all aspects of the flight** | | |
| 1. **Additional documents**   The flight organiser must provide the following alongside submission of this form. Incomplete submissions will be denied. | | |
| IF pilot is a University of Essex staff member   * Risk assessment * Flight map | | IF pilot is an external contractor or company   * Risk assessment * Flight map * Operations manual * Insurance documentation * CAA license |
| 1. **Flight organiser confirmation**   I, the flight organiser, confirm that the information provided above is accurate and that I will adhere to the flight date, time and exact location approved. I also confirm that I have appropriate insurance for flying a SUA on University of Essex grounds. I will provide alongside this form a suitable and sufficient risk assessment for the proposed activity, in addition to other documentation as deemed appropriate.  I understand and accept that I have a legal obligation to manage the activity safely and failure to do so may result in disciplinary / misconduct proceedings, or legal action from relevant regulatory bodies such as the Health & Safety Executive. | | |
| **Organiser signature:** | | **Date:** |

**SECTIONS 5 AND 6 ARE FOR OFFICE USE ONLY**

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| 1. **Supporting signatories**   Signatures from an appropriate delegate may be obtained in the absence of those listed below. | |
|  | |
| **Head of Grounds and Landscape** – where the flight is over the grounds | |
| **Signature:** | **Date:** |
|  | |
| **Head of Operations** – where flight is over commercial properties | |
| **Signature:** | **Date:** |
|  | |
| **Head of Accommodation** – where flight is over student accommodation | |
| **Signature:** | **Date:** |
|  | |
| **Media Centre Manager** | |
| **Signature:** | **Date:** |
|  | |
| **Security & Campus Safety Operations Manager** | |
| **Signature:** | **Date:** |
|  | |
| **Infrastructure & Environments Health and Safety**. Note: The adequacy of the risk assessment is the responsibility of the Event Organiser. The Health and Safety Adviser will also confirm if a permit is needed (e.g., work at height) for higher risk activity. | |
| **Conditions of approval** | |
| **Signature:** | **Date:** |
|  | |
| 1. **Flight approval**   Approval is granted by the Chief Compliance Officer (Infrastructure & Environments) or their delegate. | |
| This activity is APPROVED  This activity is NOT APPROVED | |
| **Conditions of approval** | |
| **Signature:** | **Date:** |