***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 Estates Management Section 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.**

|  |  |
| --- | --- |
| **Accountable University of Essex staff member** | Enter all details here |
| **Email address** | Enter all details here |
| **Telephone number** | Enter all details here |
| **Name of University department, society or group** **organising the flight** | Enter all details here |

**Provisional flight details**

|  |  |  |
| --- | --- | --- |
| **Flight date/s** | **Start time** | **Finish time** |
| Select date | Enter all details here | Enter all details here |
| Select date | Enter all details here | Enter all details here |
| Select date | Enter all details here | Enter all details here |
| Select date | Enter all details here | Enter all details here |

|  |
| --- |
| **Information about the proposed flight**  Full description of all aspects of the flight  (Attach a detail map / plan of the exact proposed flight area and a risk assessment):  Enter all details here |

|  |  |  |  |
| --- | --- | --- | --- |
| **Checks for University of Essex departments (only put N/A if it is an External Organisation)** | | | **Yes /No / N/A** |
| Insurance | Confirm that insurance will be current for the flight date | Insurance expiry date | Yes / No / N/A |
|  |
| Competence | Confirm that the person in charge of the flight is competent in line with Health and Safety Standard: Flying SUA. | | Yes / No / N/A |
| **Checks for external organisation (only put NA if it is a University of Essex department department)** | | | **Yes /No / N/A** |
| Operations Manual | Must be provided for review | | Yes / No / N/A |
| Insurance | Must be provided for review | | Yes / No / N/A |
| CAA Licence | Must be provided for review | | Yes / No / N/A |
| **If “No” for any row above, then permission will not be granted** | | | |

**Flight organiser signature**

I confirm that the information provided above is accurate and that I will adhere to the flight date, time and exact location approved overleaf. I also confirm that I have appropriate insurance for flying a SUA on University of Essex grounds. I understand and accept that I am responsible for ensuring that the appropriate health and safety precautions are in place and will comply fully with the Health and Safety Standard: Flying SUA.

|  |  |
| --- | --- |
| Signed Sign here | Select today’s date |

**Signatures: ESTATES ONLY**

**EMS 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.

|  |  |
| --- | --- |
| Signed Sign here | Select today’s date |

**Grounds Manager**

|  |  |
| --- | --- |
| Signed Sign here | Select today’s date |

**Head of Security & Campus Safety**

|  |  |
| --- | --- |
| Signed Sign here | Select today’s date |

**Media Centre Manager (where the drone pilot is external to the University of Essex)**

|  |  |
| --- | --- |
| Signed Sign here | Select today’s date |

**Deputy Head of Accommodation (if near or over student accommodation)**

|  |  |
| --- | --- |
| Signed Sign here | Select today’s date |

**Commercial Manager (if flight is near or over commercially let areas)**

|  |  |
| --- | --- |
| Signed Sign here | Select today’s date |

**Sports Manager (if flight is near or over the Sports Centre, Arena or Sports Fields)**

|  |  |
| --- | --- |
| Signed Sign here | Select today’s date |

**Approved flight dates**

The approved time and date must be one of the “provisional dates and times” above and is to be phoned through, from the flight organiser to the Estates Helpdesk at least five working hours before the flight).

|  |  |  |
| --- | --- | --- |
| **Flight date/s** | **Start time** | **Finish time** |
| Select date | Enter all details here | Enter all details here |
| Select date | Enter all details here | Enter all details here |
| Select date | Enter all details here | Enter all details here |
| Select date | Enter all details here | Enter all details here |

**Darren Baker (ECS Head of Customer Services)**

**On behalf of the Director of Estates and Campus Services**

|  |  |
| --- | --- |
| **This event is APPROVED** | **This event is NOT APPROVED** |
| **Conditions of approval:**  Input any conditions here | |
| Signed Sign here | Select today’s date |