**Authorisation to fly UAVs (e.g. Drones) on University Premises**

**Applicable to flight of third party drones only**, contact Safety Office regarding in-house owned equipment. Reference: UoN Policy on Safe Use of UAVs on University Premises

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| **Project/Activity/Event:** | **Responsible Person/Organiser**Name:Sch/Dept:Tel:Email: |
| Flight date(s) and time(s): | Location(s) |
| Drone Operator details (name, address, phone, email) |
| **Confirm the following:** | Yes / No  | Evidence Received Yes / No |
| Risk Assessment/Method Statement and Flight Plan in place and acceptable? |  |  |
| Site Specific Risk Assessment in place and relevant to flight site(s)?  |  |  |
| Civil Aviation Authority Permission for Aerial Work (CAA PfAW) evidenced and valid?  |  |  |
| Data Protection – any issues addressed and arrangements in place to manage it? |  |  |
| Insurance (public liability) – for UoN and any third parties involved - evidenced and valid? |  |  |
| **Permissions / Notifications**  | **Contact Name and date** |
| UoN Estates (permission to use specific location(s) |  |
| UoN Security (notification) |  |
| Safety (School/Dept Safety Officer/Safety Office)(approval) |  |
| 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 |  |
| Authorisation Issuer (Organiser): the flight(s) may proceed in line with the above. This Authorisation is valid only for the dates listed. | Authorisation Acceptor (Pilot): I have read and understood the above and will fly the craft in line with the risk assessment and method statement. |
| NameSignatureDate | NameSignatureDate |