

Hafren Dyfrdwy Visitor Site Details:

Site address:

Applicant Details

Contact Name:

Job Title:

Email:

Tel/Mobile:

Address for invoice (if different):

Production Company:

Production Company Address:

Project Details

Broadcaster or Distributor:

Transmission Date:

Production Budget:

Nature of Filming:

Film / TV / Commercial / Promo / Short / Student / Stills / Charity / News / documentary

If you are filming a documentary please provide a synopsis of your documentary and an outline of what will be filmed.

We would expect brand recognition when talking about our assets or our work; are you happy to include these? Yes/No

Production brief: where you intend filming, specific to filming site i.e. footpath north of the main car park, what is the purpose of your filming and description of what you intend to shoot whilst on site i.e. driving scene

Final product brief: Please detail where the footage shot will be published

Please detail the locations on site you propose to use and the length of time you intend to stay, this should include set up and pack up time.

Location/Site (<i>please list each location proposed to film on</i>)	Arrival on site - Date and Time	Depart from site - Finish Date and Time

Total number of people on site:	Total number of Vehicles:
Vehicle type: (<i>e.g. X2 transit vans</i>)	Vehicle parking - which car parks you intend to park in: (<i>e.g. 1 van in Haggside car park</i>)

Parking Required: Yes/No

Details:

Is drone use required? Yes/No

If yes please provide additional information as outlined in policy.

Insurance and Risk Assessment

Risk assessment and insurance documents must be copied and attached to this application.

Please confirm your public liability insurance details:

Name on Policy:	
Insured by:	
Policy Number:	Limit of Indemnity: (minimum £5,000,000)
Start Date:	Expiry Date:

Please return this paperwork by email to the appropriate site supervisor.

Signed By

Please read the Filming Policy before signing this application

I confirm that I have read the Filming Policy and agree. I also confirm that to the best of my knowledge the information provided on this application is accurate and in the event that any changes are made I will agree with Hafren Dyfrydwy before filming takes place.

Signed:	Print Name:
Position:	Date:
For and on behalf of: (company)	

Hafren Dyfrdwy

For our records – please do not fill out.

Line manager where appropriate.

Site Supervisor Signed:	Line Manager Signed:
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Site Supervisor Print Name:	Line Manager Print Name:
Date:	Date:
For and on behalf of: (company)	