 Warwick District Council

Town Hall

Parade

Royal Leamington Spa

CV32 4AT

**Email** events@warwickdc.gov.uk

**Tel** 01926 456012

**Filming Application Form**

APPLICATION FOR FILMING IN WARWICK DISTRICT

Please note that you must complete this form in order for the District Council to process your filming application. Without a completed form, we may not have the necessary information to make a decision on your application.

**Send this completed form to** **events@warwickdc.gov.uk** **at least 1 month in advance of the filming start date.**

Warwick District Council is only permitted to grant permission to film on our land. This does not include Highways and pavements. You will need to contact Warwickshire County Council for appropriate permissions.

The personal data contained in this application will only be shared with relevant consultees, with whom the Council works to arrange filming applications and ensure that the necessary consents are in place.

Your personal data will be kept for 7 years and will be securely destroyed after this time.

You have the right to access your personal data and to complain if you think your data is being used incorrectly. You may also have other rights, such as to have your data corrected or erased. For full details on your personal data rights please see the Council’s main Privacy Notice on: [Warwick District Council's website](http://www.warwickdc.gov.uk/).

For the Data Controller and Data Protection Officer’s contact details and further information please see the Council’s main Privacy Notice on: [Warwick District Council's website](http://www.warwickdc.gov.uk/).

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| **Filming Application**  |
| **Your name** |       |
| **Date of proposed filming** |      /     /      |
| **Start and finish times of filming** | Start       Finish       |
| **Preferred location**  |       |
| **Please provide brief details of your booking**Include a brief description of what you would like to do and why. Please add in any other information that will help us understand your filming application. |       |

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| **Contact information** |  |
| **Name of Organisation** |       |
| **Name of person responsible** |       |
| **Address** |       |
| **Telephone number** |       |
| **Alt. telephone number** |       |
| **Email** |       |
| **Name of any person/s who are responsible on the day(s) and how to contact them** |  |
| **Name** | **Mobile phone** |
|       |       |
|       |       |
|       |       |
| **Can we give these phone numbers to people making general enquiries about your event?** | Yes [ ]  No [ ]  |

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| **Additional event information** |  |
| **Will your event require any road closures?** Please note a Traffic Management Company will need these to officially close the roads. | Yes [ ]  No [ ]  |
| **If Yes, please state desired roads and times of any closures:**      |
| **Will your event be using any amplifying equipment?** | Yes [ ]  No [ ]  |
| **Will there be any live music during filming?** | Yes [ ]  No [ ]  |
| **Will you be erecting and structures e.g. Stage? Marquee? etc.** | Yes [ ]  No [ ]  |
| **If Yes please supply further details:**      |

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| **Accompanying documents** |  |
| Besides this application form, you will also need to **submit the following documents at least 1 month before the date of filming**. We will then consult with relevant partners, before permission can be granted to film within Warwick District. Failure to provide satisfactory documentation could result in your event application being denied. Please note a Traffic Management Company will be required to officially close the roads. |
| 1. **Support Documents included:**
* Method Statement
* Site Plan/Map
* Risk Assessments
* Traffic Management Plan (if relevant)
 | Yes [ ] To follow [ ]  |
| 1. **Copy of Public Liability Insurance. At least £5 million cover is required.**
 | Yes [ ] To follow [ ]  |

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| I hereby apply, on behalf of the above named Organisation, for permission to use the site and facilities detailed in this application, for filming. |
| **Signed** |      **Responsible Person or Authorised Agent(s)** |
| **Date** |      /     /      |