

EQUALITY IMPACT ASSESSMENT FORM

Please ensure that you refer to the 'Equality Impact Assessment Guidance' when completing this form. If you would like further assistance please contact the Equality & Diversity Team.

Details

Name of initiative to be assessed:

Name of responsible officer:

Group/Directorate:

Service Area:

Date:

a) What are you assessing for impact?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal	Information/ Position statement
<input type="checkbox"/>						

b) Please name and describe below:

c) Is the delivery of this initiative affected by legislation or other drivers such as codes of practice? If so, please identify what and how

d) Does the initiative directly affect service users, employees or the wider community?

Yes
No

Continue assessment

No need to continue screening or carry out an EqIA

EQUALITY IMPACT ASSESSMENT FORM

Screening/Relevance Test: Is an equality impact assessment required?

Screening is used to decide whether the initiative you are responsible for has a high or medium impact on any of the protected groups and will require a full EqIA.

Please provide details of the possible impact your proposal may have on the following groups, this may not necessarily be negative, but may impact on a group with a particular characteristic in a specific way.

You should also identify whether this constitutes a high, medium or low impact.

Please refer to Equality Impact Assessment Guidelines for further information.

Protected Characteristic	Impact
Age	
Disability	
Gender Reassignment	
Marriage and Civil Partnership	
Pregnancy and Maternity	
Race	
Religion or Belief	
Sex	
Sexual Orientation	
Other Characteristics	
Welsh Language	
Carers	
Armed Forces Community	

If after completing the EqIA screening/relevance test, you determine that this service/function/policy/project is not relevant for an EqIA you must provide adequate explanation below. (Please use additional pages if necessary).

Are you happy that you have sufficient evidence to justify your decision?

Yes

No

Signed:

Position:

Date:

EQUALITY IMPACT ASSESSMENT FORM

N.B. If the initial screening process has identified actual or potential high or medium negative impact on a particular group or groups then you MUST carry out a full EqIA.

Approved by Head of Service or Director

Signed:

Position:

Date:

Full Equality Impact Assessment

You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impact and clearly identify which groups are affected.

In terms of any disproportionate/negative/adverse impact that the proposal may have on a protected group, what steps (if any) could be taken to reduce that impact for each group identified. Attach a separate action plan if necessary.

If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.

Evidence Sources

(i) Give details of any data or research that has led to your reasoning above, in particular, the sources used for establishing the demographics of service users.

(ii) Give details of how you have engaged with service users on the proposals and steps taken to avoid any disproportionate impact on a protected group and how you have used any feedback to influence your decision.

Are you satisfied that the engagement process complies with the requirements of the Statutory Equality Duties?

Yes

No

EQUALITY IMPACT ASSESSMENT FORM

Decision Log - detail how Elected Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made).

--

Review

Date of Next Review:	
If review is not required, explain why:	

Completed by:	
Signature:	
Job Title:	
Date:	

This assessment must be approved by an appropriate Head of Service or Director

Approved by:	
Signature:	
Job Title:	
Approval date:	

Please return a copy to:

Equality & Diversity Team
The Pavilions
Cambrian Park
Clydach Vale
CF40 2XX

Email: equality@rctcbc.gov.uk