Equality Impact Assessment Form

Department/Section: Author/Owner:	Date of Assessment: Signature:	Review Due: Date:		
Step 1 Aim of proposed activity/decision/new or revised policy or proced	ure:		New	
			Revised Existing	
Who will be affected?	Who will be consulted?	Evidence available:		

Step 2

Appendix 4

Potential Positive/Negative/Neutral Impact Identified. P, N, N/I	Age	Disability	Gender Reassignment	Marriage/Civil Partnership*	Pregnancy and Maternity	Race	Religion or Belief	Sex	Sexual Orientation
Eliminating Discrimination									
Advancing Equality of Opportunity.									
Promoting Good Relations.									

Step 3

Action to be taken:

Summary of EIA Outcome – please tick

No further action to be carried out		
Amendments or changes to be made		
Proceed with awareness of adverse impact		
Abandon process – Stop and Rethink		

Please forward completed EIA forms to Nicholas Oakley, Governance and Policy Officer.