Department/Section:		Date of Assessment:								
Author/Owner:			Sig	jnature:			Dat	te:		
Step 1			_							
Aim of proposed activity/decision/new	or revised p	oolicy or procedure	:							
									New Revised Existing	
Who will be affected?			Who will be consulted?			Evidence availal	ble:			
Step 2										
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 Orientati	
Eliminating Discrimination										
Advancing Equality of Opportunity.										
Promoting Good Relations.										

Step 3	
Action to be taken:	

Summary of I	EIA Outcome	- please tic
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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.