

Department/Section:  
Author/Owner:

Date of Assessment:  
Signature:

Review Due:  
Date:

## Step 1

Aim of proposed activity/decision/new or revised policy or procedure:

New   
Revised   
Existing

Who will be affected?

Who will be consulted?

Evidence available:

## Step 2

Potential Positive/Negative/Neutral Impact Identified. <b>P, N, N/I</b>	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.