Equality Impact Assessment Form

Department/Section: Nursery **Date of Assessment:** 19.4.21**Review Due:** 19.4.24

Author/Owner: Nursery Manager Signature: Lianne SchemperDate: 31.5.21

Step 1

Who will be affected?	Who will be consulted?	Evidence available:
Children, staff, parents/carers	staff, parent/carers	Inspection reports
		Audits

Step 2

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

Step 3 Action to be taken

Ensure all new guidelines impact on the review of the procedures. Monitor impact on protected characteristics.

Please forward completed EIA forms by e-mail to Anna Maria Kaczmarek, anna.kaczmarek.perth@uhi.ac.uk

HR/0100/HL/DS

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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.				

