

Equality Impact Assessment Form

About the function, policy, project or decision being assessed

What is being assessed?	<input type="checkbox"/>	Function
	<input type="checkbox"/>	Policy
	<input type="checkbox"/>	Project
	<input type="checkbox"/>	Decision
Title of the function, policy, project, or decision		
What is this function, policy, project, or decision aiming to achieve?		
Who is affected by this function, policy, project, or decision?		
Who should be consulted about this function, policy, project, or decision?		
Who is conducting this impact assessment?		
Date:		Version:

Initial screening

Question	Y	N	If 'YES', briefly explain why
Does this policy, project or decision relate to our functions or areas of work within those functions for which EIA has identified equality impacts?	<input type="checkbox"/>	<input type="checkbox"/>	You can find EIAs of our functions here .
Does this policy, project or decision relate to our Equality Objectives?	<input type="checkbox"/>	<input type="checkbox"/>	You can find our Equality Objectives here .
Is there a risk that this policy, project, or decision could disadvantage any group of people?	<input type="checkbox"/>	<input type="checkbox"/>	See 'Glossary' in the EIA Policy and Procedure

If you answered 'yes' to any of the questions above, proceed to the full impact assessment.

Impact Assessment

Characteristic	Impact at assessment			Please explain this impact	Can this impact be mitigated or enhanced? If so, how?	Impact after actions		
	Negative	Neutral	Positive			Negative	Neutral	Positive
Cross-cutting considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender (sex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy & maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welsh language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socio-economic characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • rurality • low/no income • caring duties 								

Please record the evidence that you used to assess impact:

Please record any consultation and engagement undertaken

Date / Who / Evidence collected

Outcomes report

EIA stage completed	<input type="checkbox"/>	Initial screening
	<input type="checkbox"/>	Full assessment
Summary of negative impacts identified		
Decision	<input type="checkbox"/>	Proceed – no changes
	<input type="checkbox"/>	Proceed – actions needed
	<input type="checkbox"/>	Do not proceed
Action plan	If actions are needed to proceed with the policy, project or decision, please specify here the actions, who is responsible for them and who will monitor how they are implemented.	
	Authorised by	Date