Appendix 4

Equality Impact Assessment Form

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

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 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.