Department/Section:	Date of Assessment:					Review Due: Date:				
Author/Owner:	Signature:									
Step 1										
Aim of proposed activity/decision/new	or revised po	olicy or procedure:								_
									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 Orientatio	n
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 aw	_		
							Abandon proces		•	
							Please forward co Oakley, Governa	ompleted EIA t nce and Policy	forms to Nicho Officer.	olas