

Equality Impact Analysis Screening Form

Title of Activity			
Date form completed		Name of lead for this activity	

Analysis undertaken by:			
Name(s)	Job role	Department	Contact email

What is the aim or objective of this activity?	
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc...</i>	

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Religion & belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Equality Group	Potential for positive impact	Neutral impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Impacts <i>(What other groups might this activity impact on? e.g. carers, homeless, travelling communities etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Level of impact

If a potential negative or disproportionate impact has been identified from this activity:

	Yes	No
Could this impact be considered direct or indirect discrimination?		
If yes, how will you address this?		

If the impact could be discriminatory, please contact the Inclusion Team to discuss actions

	High	Medium	Low
What level do you consider the potential negative impact to be?			

If the negative impact is high, a full equality impact analysis will be required

Action Plan

How could you minimise or remove any negative impact identified, even if this is rated low?
How will you monitor this impact or planned actions?
Future Review Date:

Once completed, please attach this form to the relevant proposal, strategy, policy etc and submit for approval via normal channels

