

EQUALITY IMPACT ASSESSMENT – INITIAL SCREENING FORM

This form is to be used to initially screen policies, procedures and projects to decide if they need to be subject to a full Equality Impact Assessment.

Each initial screening should be carried out by a group of three people to ensure that a consensus can be achieved. Details of the assessment group should be recorded in the table below for monitoring purposes:

Assessment Group Leader	
Assessment Group Member names	
Assessment Date	

Title of the policy, procedure, practice or decision	
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Who is likely to benefit from this policy, procedure or project?

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Could this policy, procedure or project result in a negative or adverse impact on people who share protected characteristics?

	Yes	No	Unknown
Age			
Disability			
Gender Reassignment			
Marriage and Civil Partnership			
Pregnancy and Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			

Explain why:

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Is a full equality impact assessment recommended? Yes No

Explain why:

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