**Section 1: About the policy/procedure/practice**

|  |  |
| --- | --- |
| **Title** |  |
| **Aims/Description/Purpose** |  |
| **School/ Department** |  |
| **People its impact on? (Tick any categories that apply)**  | **Staff Students Visitors Contractors Other**   |

**Section 2: Contact details**

Please enter below the contact details of the person responsible for completing the EIA.

|  |  |
| --- | --- |
|  **Name:** **Job Title:** **School/Service Area:** **Email/Phone:** |  |
| **Submission date:** |  |

**Section 3: Gathering Data and Evidence**

What data or other information have you used to evaluate if this policy, procedure or practice is likely to have a positive or an adverse impact upon protected groups when implemented?

|  |  |
| --- | --- |
| **Data and evidence used:** |  |

**Section 4: Involvement and Consultation**

What involvement/consultation has been conducted?

|  |  |
| --- | --- |
| **Involvement and Consultation activity:** |  |

**Section 5: Assessing the impact**

Based on the evidence, assess what impact it may or may not have against each of the nine protected characteristics listed below.

A **positive impact** would mean the policy, procedure or practice will actively promote or improve equality of opportunity.

A **negative impact** would mean the policy, procedure or practice causes disadvantage or exclusion. It could be potentially discriminatory and possibly breach legislation. If such an impact is identified, the EIA should ensure, that as far as possible, it is justified, eliminated, minimised or counterbalanced by other measures.

A **neutral impact** would mean there are no notable consequences for any group.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Positive impact** | **Negative impact** | **Neutral impact** | **Please explain the impact identified.****What actions will you take to mitigate any negative impact?** |
| **Age** |  |  |  |  |
| **Disability** |  |  |  |  |
| **Race / Ethnicity** |  |  |  |  |
| **Sex**  |  |  |  |  |
| **Gender Reassignment**  |  |  |  |  |
| **Marriage & Civil Partnership** |  |  |  |  |
| **Pregnancy & Maternity** |  |  |  |  |
| **Religion or Belief** |  |  |  |  |
| **Sexual Orientation** |  |  |  |  |
| **Further** **Comments:** |  |

**Section 6: Action planning**

Please document any actions that you intend to undertake as a result of this assessment, including a timescale for each and who is responsible.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **Timescale** | **Responsibility** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |