

**Appendix B. Initial Equality Impact Assessment Form**

**EQUALITY IMPACT ASSESSMENT  
Stage 1 - Screening**

**FORM A**

Name of activity:		Date:	
Name of person responsible for the activity:		Directorate:	
Names of people undertaking screening:		Department:	
Briefly describe the purpose of the activity:			
Who will benefit from this activity?			
	<b>Yes</b>	<b>No</b>	<b>Please give details</b>
1. Could or does the activity affect one or more of the equality groups in a different way to others?			
2. Could or do different equality groups have different needs in relation to the policy?			
3. Does the policy actually or potentially hinder equality of opportunity?			
4. Does the policy actually or potentially contribute to equality of opportunity?			
5. Does the policy offer opportunities to promote equality?			
6. Does the policy offer opportunities to promote positive relations?			

Does this activity/policy require further impact assessment, action or amendment?	(if yes, please complete FORM B)
---	----------------------------------

Please state in your policy documentation that it has been equality impact assessed and include your completed screening form (FORM A) as an appendix.

Screening form completed by:	When will the policy and screening be reviewed?
------------------------------	---

**EQUALITY IMPACT ASSESSMENT**  
**Stage 2 - Full Assessment and Action Plan**

**FORM B**  
**BY WHEN**

ACTION	RESPONSE	BY WHEN
What changes or actions do you propose to eradicate or minimise the adverse impact of this activity on the identified group(s)?		
How do you intend to communicate with and involve the appropriate group(s)?		
What are the resource implications of the involvement activities?		
Briefly describe the outcome of your involvement activity.		
Has the involvement activity changed your proposals for eradicating or minimising the adverse impact of this activity? If yes, please give details.		
Are there any resource implications for your proposed amendments?		
How will your actions and proposals be monitored to ensure success?		
What is the date of the next review?		
Signature of lead manager		
Date full assessment completed		

Completed screening and (if appropriate) full impact assessment forms should be included with documentation related to the activity and as an Appendix for formal papers. A copy should be sent to Equality and Diversity Manager for monitoring and publication