**Equality Impact Assessment**

**BLANK PRO FORMA**

**SECTION A: ABOUT YOUR WORK**

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| Equality Impact Assessment completed by: |
| Name:  |  |
| Role:  |  |
| School/Department |  |

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| --- |
| [What is being assessed: (please select box to tick)](file:///C%3A%5C%5CUsers%5C%5CADED8%5C%5CAppData%5C%5CLocal%5C%5CMicrosoft%5C%5CWindows%5C%5CINetCache%5C%5CContent.Outlook%5C%5CBTXGCHQF%5C%5CIOA%20Policy.docx%22%20%5Cl%20%22_What_is_being) |
| [ ]  Strategy[ ]  Policy[ ]  Process[ ]  Major event[ ]  Efficiency saving[ ]  Environmental Change (including Estates) |

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| [Who may be impacted by the change? (please select box to tick)](file:///C%3A%5CUsers%5CADED8%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CBTXGCHQF%5CIOA%20Policy.docx#_Who_may_be) |
| [ ]  Staff[ ]  Students[ ]  Others e.g. external stakeholdersIf other, please specify…………………………………………………………………………………… |

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| Why is this work being undertaken and what are the intended outcomes and benefits? |
| *Please add description here* |

*\*Please limit to 500 words*

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| [How will the intended outcomes of your work be delivered?](file:///C%3A%5CUsers%5CADED8%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CBTXGCHQF%5CIOA%20Policy.docx#_How_will_the) |
| *Please add description here* |

*\*Please limit to 500 words*

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| What evidence or consultation has been used to determine the impact on different groups?  |
| *Please add description here* |

*\*Please limit to 500 words*

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| **What are the potential/actual impacts of the proposal on the following characteristics?** |
| **EIA Action Plan** |
| **Reviewed Characteristic** | **Positive Impact** | **Negative impact** | **Detail of impact**  | **Action to address negative impact or promote positive impact**  | **Owner of action** | **Timescale**  |
| **Age** |  |  |  |  |  |  |
| **Disability** |  |  |  |  |  |  |
| **Gender Reassignment**  |  |  |  |  |  |  |
| **Marriage and civil partnership** |  |  |  |  |  |  |
| **Pregnancy and maternity**  |  |  |  |  |  |  |
| **Race**  |  |  |  |  |  |  |
| **Religion or belief** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| **Sexual Orientation** |  |  |  |  |  |  |

Completed EIA’s must be approved by the Dean, Director or Committee or Group with ownership of the policy or process.

Signature of approver

Date