**Equality Impact Assessment**

**BLANK PRO FORMA**

**SECTION A: ABOUT YOUR WORK**

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

|  |
| --- |
| [What is being assessed: (please select box to tick)](file:///C:\\Users\\ADED8\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\BTXGCHQF\\IOA%20Policy.docx" \l "_What_is_being) |
| Strategy  Policy  Process  Major event  Efficiency saving  Environmental Change (including Estates) |

|  |
| --- |
| [Who may be impacted by the change? (please select box to tick)](file:///C:\Users\ADED8\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\BTXGCHQF\IOA%20Policy.docx#_Who_may_be) |
| Staff  Students  Others e.g. external stakeholders  If other, please specify…………………………………………………………………………………… |

|  |
| --- |
| 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:\Users\ADED8\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\BTXGCHQF\IOA%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*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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