

# EQUALITY IMPACT ASSESSMENT

## SCREENING DOCUMENT

**Name of Proposal**

**Lead Department/Service**

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What is the aim of the proposal?

Is this a new or a review of an existing policy, procedure, function or report?

### Screening Process

**1.** Has the proposal already been assessed for its impact on age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? **If yes, go to 1 a. If no, go to 1 b.**

**1 a.** Unless there have been significant changes, no further action is required. **Please add your name, position and date below at 3.**

**1 b.** Does the proposal involve or have consequences for the people the council serves or employs? **If yes, go to 2. If no, go to 1 c.**

**1 c.** Please state why not

**The proposal is not relevant and no further action is required. Sign and date below at 3.**

**2.** Is the proposal relevant to one or more of the protected characteristics? **If yes, go to 2 a. If no, go to 2 b.**

**2 a.** Proceed to Step 1 of the Full Equality Impact Assessment on page 2.

**2 b.** Please state why not

**The proposal not relevant and no further action is required. Add your name, position and date below at 3.**

**3. Name:**

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**Position:**

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**Date:**

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## FULL EQUALITY IMPACT ASSESSMENT

### Step 1

Are there any statutory legal requirements affecting this proposal? If so please describe.

### Step 2

What data/research is available to assess the likely impact of the proposal?

### Step 3

Is there any reason to believe the proposal could affect people differently due to their protected characteristic ie age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? Please **place a cross** in each box that applies, and give details alongside.

Age	<input type="checkbox"/>	_____
Disability	<input type="checkbox"/>	_____
Gender	<input type="checkbox"/>	_____
Gender Re-assignment	<input type="checkbox"/>	_____
Pregnancy/maternity	<input type="checkbox"/>	_____
Marriage and civil Partnership	<input type="checkbox"/>	_____
Race	<input type="checkbox"/>	_____
Religion and belief	<input type="checkbox"/>	_____
Sexual orientation	<input type="checkbox"/>	_____

### Step 4

Is there evidence to suggest that any part of the proposal could unlawfully discriminate against people? If so, how?

### Step 5

Can the proposal be seen to favour one section of the community

Yes  No

or deny opportunities to another?

Yes  No

If yes, please give details.

**Step 6**

Does the proposal advance or restrict equality?

Yes  No

If yes, give details

**Step 7**

Are there any other actions which could have been taken to enhance equality of opportunity?

If so please state

**Step 8**

Based on the work you have done, rate the level of relevance being allocated to this proposal.

High  Medium  Low  Unknown

**Step 9**

If during **Steps 3 - 6** there has been an adverse impact identified, consider whether this can be justified.

Yes  No

If yes please give details.

If no, consider alternative ways of delivering the proposal to minimise negative impact or eliminate unlawful discrimination. Give details of the changes to be made to the proposal.

**Step 10**

Do you need to carry out a further impact assessment?

Yes  No

If yes, what actions do you need to take?

**Step 11**

Make arrangements to monitor and review the impact assessment.

**Step 12**

Publish impact assessment.

Where will the Equality Impact Assessment be published?

Please state your name, position and date, and forward this pro forma either to your designated Equality Impact Assessment Co-ordinator, or if it refers to a committee report, it should be forwarded with the report to committee services.

**Name:**

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**Position:**

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**Date:**

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**For additional information and advice please contact:**  
the Equalities Officer - Tel: 01307 476058 or E-mail: [Equalities@angus.gov.uk](mailto:Equalities@angus.gov.uk)