

# EQUALITY IMPACT ASSESSMENT

## SCREENING DOCUMENT

**Name of Proposal**

Review of School Capacities

**Lead Department/Service**

Children and Learning

What is the aim of the proposal?

To agree school capacities for the coming academic session and set caps on schools where appropriate.

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

Review

### 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. Yes**

**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:** Elaine Hughes

**Position:** Service Manager,  
Performance

**Date:** 05/04/18