|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **General Manager:** | | | **Service Area:** | | **Date:** |
| **Brief description of proposal / policy / service being assessed:** | | | | | |
| **Information used to analyse the effects on equality:** | | | | | |
| **Will this change have a negative adverse impact on anyone from a protected group as outlined in the Equality Act 2010** | **YES** | **NO** | **Briefly describe how any groups may be affected by the changes:** | | |
| AGE |  |  |
| DISABILITY |  |  |
| GENDER |  |  |
| GENDER REASSIGNMENT |  |  |
| MARRIAGE & CIVIL PARTNERSHIP |  |  |
| PREGNANCY & MATERNITY |  |  |
| RACE |  |  |
| RELIGION OR BELIEF |  |  |
| SEXUAL ORIENTATION |  |  |
| ANY OTHER DISADVANTAGED GROUPS |  |  |
| **Where an adverse impact has been identified, what measures have been put in place to mitigate any potential risk** | | | | | |
| **Does the change identify a positive impact in relation to any of the groups above?**  Yes  No | | | | | |
| **Outcome (s) of equality impact assessment:**  Adverse impact justifiable?  Yes - continue with change  No, review changes and adjust | | | | | |
| **Arrangements for future monitoring of this change/policy review:** | | | | | |
| **Approved: (General Manager Signature)** | | | | **Date:** | |