|  |  |  |
| --- | --- | --- |
| **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:**  |