**Standard Impact Assessment**

**EQIA Initial Screening Document**

|  |  |
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| **Name of document:** |  |
|  |  |  |  |
| **Type of Document** |  |  |  |
| Guidance [ ]  | Policy [ ]  | Procedure [ ]  | Other [ ]  |
|  |  |  |  |
| If other please detail |  |
|  |  |  |  |
| **Scope** |  |  |  |
| FV Wide [ ]  | Service Specific [ ]  | Discipline Specific [ ]  | Other [ ]  |
|  |  |  |  |
| If other please detail |  |
|  |  |  |  |
| **Is this a new document being EQIA’d** |
| Yes | [ ]  | No | [ ]  |
|  |  |  |  |
| **Briefly describe the Aims and Objective of the document** |
|  |
| Does the evaluation completed identify a potential negative/ adverse or differential impact on the following protected characteristics: - age, disability, gender reassignment, marriage and civil partnership (eliminating discrimination only), pregnancy and maternity, race/ethnicity, religion/belief, Sex (Male/female) Sexual Orientation in relation to the Equality Act 2010 - General Duty to:* Eliminate Discrimination
* Advance equality of opportunity
* Foster good relations

**Please indicate your decision below** |
| [ ]  | Yes - potential discrimination identified for 1 or more protected characteristics (Note: a general SIA will therefore need to be completed indicating what areas require are of concern and require to be addressed) |
| [ ]  | No impact/discrimination identified |

I agree that the details within the enclosed evaluation are a true reflection of the assessment completed and that the above policy/function/service does not have a significant impact upon equality issues and therefore does not require a Standard Impact Assessment.

Signature and Date