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