

Name of the Proposal:							
This form refers to the 'Proposal' which could be a strategy, service development or char policy, procedure, consultation or committee document.)							
What is the main purpose of the Propos	al?						
Who is it likely to have an impact on? (F	Please c	ircle o	r tick all that apply.)				
Staff / Patients / Visitors / Carers / Othe	r						
Could the Proposal have a significant			Please explain why, and what				
negative impact on equality in relation	YES	NO	evidence supports this assessment.				
to each of these characteristics?	120	110					
Age (including younger and older people)							
· · ·							
Disability (including physical and sensory impairments, learning							
disabilities, mental health)							
Gender reassignment							
Pregnancy and maternity							
Race (includes ethnicity as well as							
gypsy travelers)							
Religion and belief (includes non- belief)							
Sex (male and female)							
Sexual Orientation (lesbian, gay, bisexual, other)							
Groups at risk of stigma or social	1						
exclusion (e.g. offenders, homeless people)							
Human Rights (particularly rights to							
privacy, dignity, liberty and non- degrading treatment)							

You will need to ask yourself:

Will the Proposal create any problems or barriers to any community or group?

Will any group be excluded because of this Proposal?

Will the Proposal result in discrimination against any group?

YES / NO
YES / NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment (Form B).



Could the Proposal have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?			
Will it help to get rid of discrimination?			
Will it help to get rid of harassment?			
Will it promote good relations between people from all groups?			
Will it promote and protect human rights?			

On the basis of the information / evidence so far, do you believe that the Proposal will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact			Negative Impact			
Significant	Some	Very Little	NONE	Very Little	Some	Significant

Is a full equality impact assessment required?	YES / NO			
Date assessment completed:				
Person completing the assessment:				
Person responsible for the Proposal:				
Person responsible for completing a full EIA (if required):				

(Please make sure that this EIA Screening Tool is attached to the Proposal it relates to, and goes with that Proposal through the appropriate approval process to publication. Completed forms **must** be available on request.)

If you have any questions or would like your completed EIA Screening Tool to be held centrally, please contact