



EQUALITY IMPACT INITIAL SCREENING TEMPLATE

This initial screening template will help you to decide whether an Equality Impact Assessment (EqIA) is required for the development or review of the service/policy/strategy/practice/plan. Before completing this document, please refer to the guidance on the completion of Equality Impact Assessments (EqIA).

Please note that the **EDI Business Partner** is available for advice on the completion of this template and can be contacted by emailing Daniel.Keating@WarwickDC.Gov.UK

Note. All font in blue should be removed and is for guidance only. All black font should remain.

Name of Service/policy/strategy/practice/plan being assessed *(please delete as appropriate)*: [Enter text here.](#)

Is this service/policy/strategy/practice/plan *(please delete as appropriate)*:

☐ New

☐ A review or change

What are the aims and objects of the service/policy/strategy/practise/plan *(please delete as appropriate)*?

[Enter aims and objects here.](#)

Who are the customers?

[Enter text here.](#)

Note: Please tick the appropriate boxes depending on the degree of relevance to each of the protected characteristics under the Equality Act 2010 for employment and service provision:

Employment

Will this service/policy/strategy/ practice/plan have a particular impact on any of the following groups:	Employment			Relevance/Risk (if any):
	Relevance/Risk:			
	High	Med	Low/none	
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Service Provision

Will this service/policy/strategy/ practice/plan have a particular impact on any of the following groups:	Service Provision			Relevance/Risk (if any):
	Relevance/Risk:			
	High	Med	Low/none	
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Will this service/policy/strategy/practice/plan have a particular impact on any of the strands within the Public Sector Equality Duty:	Yes	No
1. Eliminating unlawful discrimination, harassment and victimisation	<input type="checkbox"/>	<input type="checkbox"/>
2. Advancing equality of opportunity	<input type="checkbox"/>	<input type="checkbox"/>
3. Fostering good relations	<input type="checkbox"/>	<input type="checkbox"/>

Overall impact on equalities: **HIGH / MED / LOW/NONE** (please delete as appropriate)

Is an Equality Impact Assessment (EqIA) required? YES / NO *(please delete as appropriate)*

Please note: Unless there is little or no relevance to equalities an EIA must be completed

If the decision is made not to carry out an EqIA, please give a brief reason as to why: [Enter text here.](#)

If an EqIA is not required, please sign and retain a copy of the completed document for your records.

If an EqIA is required, please sign and retain a copy of the completed document and complete the full EqIA document.

Name and signature of Officer completing this template: [Enter name, signature and date here.](#)