

EQUALITY IMPACT ASSESSMENT

THE STAGE ONE ASSESSMENT FORM - the initial screening process

SERVICE AREA BEING ASSESSED: Economic Development (includes business support, infrastructure and management of Business Centres and skills development).

Target Equality Group <i>(see guidance note 2 for details)</i>	Does it have a Positive Impact If yes, please explain how <i>(see guidance note 6 for details)</i>	Does it have a Neutral Impact If yes, please explain how <i>(see guidance note 9 for details)</i>	Does it have a Negative Impact If yes please explain how, indicate if it is legal and whether or not it is intended. <i>(see guidance note 7 for details)</i>	If it has a negative impact, is the level of this impact high or low? <i>(see guidance note 10 for details)</i>
Age		Services are open, available and accessible to all with no specific targeting		
Belief or faith		Services are open, available and accessible to all with no specific targeting		
Disability		Services are open, available and accessible to all with no specific targeting		
Sexual Orientation		Services are open, available and accessible to all with no specific targeting		

Target Equality Group <i>(see guidance note 2 for details)</i>	Does it have a Positive Impact If yes, please explain how <i>(see guidance note 6 for details)</i>	Does it have a Neutral Impact If yes, please explain how <i>(see guidance note 9 for details)</i>	Does it have a Negative Impact If yes please explain how, indicate if it is legal and whether or not it is intended. <i>(see guidance note 7 for details)</i>	If it has a negative impact, is the level of this impact high or low? <i>(see guidance note 10 for details)</i>
Gender		Services are open, available and accessible to all with no specific targeting		
Race		Services are open, available and accessible to all with no specific targeting		

PLEASE ANSWER THE FOLLOWING QUESTIONS IF ANY AREAS HAVE BEEN IDENTIFIED WITH LOW LEVEL NEGATIVE IMPACT

IS THE IMPACT LIKELY TO CHANGE OVER TIME?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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IF YES, HOW WILL THE IMPACT CHANGE?

Not applicable

WHAT CAN YOU DO TO MINIMISE OR REMOVE THE LOW LEVEL NEGATIVE IMPACT?

Not applicable

HOW COULD YOU MONITOR THIS WORK?

Not applicable

IF YOU HAVE IDENTIFIED ANY AREAS WHERE THE LEVEL OF NEGATIVE IMPACT IS HIGH PLEASE REFER TO YOUR HEAD OF SERVICE PRIOR TO COMPLETING A STAGE TWO ASSESSMENT FORM

Signed:Service Manager undertaking the Assessment.

Date: