

EQUALITY IMPACT ASSESSMENT

THE STAGE ONE ASSESSMENT FORM - the initial screening process

SERVICE AREA BEING ASSESSED: Insurance
Please indicate if it is an existing area of service or a new area/project: Existing

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	No	Yes – the handling and processing of insurance claims are carried out regardless of the claimant’s age.	No	
Belief or faith	No	Yes – the handling and processing of insurance claims are carried out regardless of the claimant’s belief or faith.	No	

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>
Disability	No	Yes – the handling and processing of insurance claims are carried out regardless of the claimant’s physical ability.	No	
Sexual Orientation	No	Yes – the handling and processing of insurance claims are carried out regardless of the claimant’s sexual orientation.	No	
Gender	No	Yes – the handling and processing of insurance claims are carried out regardless of the claimant’s gender.	No	
Race	No	Yes – the handling and processing of insurance claims are carried out regardless of the claimant’s race.	No	

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 type="checkbox"/>
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IF YES, HOW WILL THE IMPACT CHANGE?

Not applicable

WHAT CAN YOU DO TO MINIMISE OR REMOVE ANY *UNINTENDED* 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: