EQUALITY IMPACT ASSESSMENT

THE STAGE ONE ASSESSMENT FORM - the initial screening process

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

Target Equality Group *(see guidance note 2 for details)*	**Does it have a Positive Impact** If yes, please explain how *(see guidance note 6 for details)*	**Does it have a Neutral Impact** If yes, please explain how *(see guidance note 9 for details)*	**Does it have a Negative Impact** If yes please explain how, indicate if it is legal and whether or not it is intended. *(see guidance note 7 for details)*	**If it has a negative impact, is the level of this impact high or low?** *(see guidance note 10 for details)*
Age	No	Yes – System support is provided to all staff regardless of age.	No	
Belief or faith	No	Yes – System support is provided to all staff regardless of belief or faith.	No	

Target Equality Group *(see guidance note 2 for details)*	**Does it have a Positive Impact** If yes, please explain how *(see guidance note 6 for details)*	**Does it have a Neutral Impact** If yes, please explain how *(see guidance note 9 for details)*	**Does it have a Negative Impact** If yes please explain how, indicate if it is legal and whether or not it is intended. *(see guidance note 7 for details)*	**If it has a negative impact, is the level of this impact high or low?** *(see guidance note 10 for details)*
Disability	No	Yes – System support is provided to all staff regardless of their physical ability.	No	
Sexual Orientation	No	Yes – System support is provided to all staff regardless of sexual orientation.	No	
Gender	No	Yes – System support is provided to all staff regardless of gender.	**No**	
Race	No	Yes – System support is provided to all staff regardless of 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		No	

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

<u>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</u>

Signed: ……Service Manager undertaking the Assessment.

Date: ……

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