

Equality Impact Assessment Record

Date of EIA March 2010
 Directorate Corporate Services

		Step
Initial Screening Record		1/2
Activity to be assessed	Redundancy Policy	
What is the activity?	<input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
Is it a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	
Aim / objective / purpose of the activity – who is the activity designed to benefit/target?	The purpose of the activity is to: Outline how the redundancy procedure works The activity is designed for: All employees	
Who is responsible for the activity?	The person/section/team responsible for this policy/function is: Corporate Services - HR	
Did Step 1: Initial Screening indicate that a full EIA was necessary?	<input type="checkbox"/> Yes – full EIA completed and recorded below. <input checked="" type="checkbox"/> No – full EIA not completed therefore record ends here. The panel paid particular attention to the possibility of adverse impact to those with long term illness or disability but did not believe they would be negatively affected.	
Full EIA Record		
Who are the members of the EIA team?		
What evidence has been found to indicate that the activity might need to be amended? (Include any consultation undertaken)		3/4
With regard to the equalities themes, which groups might be impacted by the activity? Might any of these groups be impacted adversely ?	Groups Impacted	4
	<input type="checkbox"/> Race and ethnicity <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Religion or belief	
	Groups impacted adversely	
	<input type="checkbox"/> Race and ethnicity <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Religion or belief	
What evidence is there to suggest an impact/adverse impact?		
On what grounds can impact or adverse impact be justified?		
Is there any current action that addresses issues for any of the groups impacted/adversely impacted?		
What changes will you make to the activity reduce or remove any differential/adverse impact?	List the actions that you have planned as a result of the EIA.	5
Into which action plan/s will		

these actions be incorporated?		6
Who is responsible for the action plan?		
Have any examples of good practise been identified as part of the EIA?		
Has the EIA been published on the Council website?	Yes / No	
Who is the relevant Chief Officer and have they signed off the EIA?	Name Signature.....	
Which PMR will this EIA be reported in?	Note the service department and relevant quarter/date of PMR	

