

Equality Impact Assessment Screening Form

Please ensure that you refer to the 'Screening Form Guidance' while completing this form. If you would like further guidance please contact the Equalities Officer – Dionne Llewellyn.

Section 1

What service area and directorate are you from?

Service Area: Democratic Services

Directorate: Chief Executive's

Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Service/ Function | Policy/ Procedure | Project | Strategy | Plan | Proposal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(b) Please name and describe below

Council to confirm appointment of members to Committees for 2014/15.

Q2(a) WHAT DOES Q1a RELATE TO?

Direct front line
service delivery

Indirect front line
service delivery

Indirect back room
service delivery

(H)

(M)

(L)

(b) DO YOUR CUSTOMERS/CLIENTS ACCESS THIS SERVICE...?

Because they
need to

Because they
want to

Because it is
automatically provided to
everyone in Merthyr Tydfil

On an internal
basis
i.e. Staff

(H)

(M)

(M)

(L)

Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING PROTECTED CHARACTERISTICS

| | High Impact (H) | Medium Impact (M) | Low Impact (L) | Don't know (H) |
|------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Age | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Gender reassignment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Marriage & civil partnership | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pregnancy and maternity | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Race | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Religion or (non-)belief | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sex | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sexual Orientation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Welsh Language | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Q4(a) HOW VISIBLE IS THIS SERVICE/FUNCTION/POLICY/PROCEDURE/PROJECT/ STRATEGY TO THE GENERAL PUBLIC?

High visibility
to general public

Medium visibility
to general public

Low visibility
to general public

(H)

(M)

(L)

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(b) WHAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION?
(Consider the following impacts – legal, financial, political, media, public perception etc...)

High risk
to reputation

(H)

Medium risk
to reputation

(M)

Low risk
to reputation

(L)

Q5 HOW DID YOU SCORE?

Please tick the relevant box

**MOSTLY H and/or M → HIGH PRIORITY → EQIA to be completed
Please go to Section 2**

**MOSTLY L → LOW PRIORITY / NOT RELEVANT → Do not complete EQIA
Please go to Q6 followed by Section 2**

Q6 If after completing the EQIA screening process you determine that this service/function/policy/project is not relevant for an EQIA you must provide a brief concise explanation below.

Democratic Service's role is to confirm the appointment to Committees for 2014/15. Amended Committee Composition Report.

Section 2

NB: Please send this completed form to the Equalities Officer for agreement before obtaining email approval from your Head of Service.

| |
|--|
| Screener- This to be completed by the person responsible for completing this screening |
| Name: Mair Morgan |
| Location: Civic Centre, Room 432 |
| Telephone Number: Ext.5207 |
| Date: 11 December 2014 |
| Approval by Head of Service |
| Name: |
| Position: |
| Date: |

Please return the completed form to the Equalities Officer.