

# 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.

<b>Section 1</b>
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 receipt of petition received by Democratic Services.

**Q2(a) WHAT DOES Q1a RELATE TO?**

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
<input type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input checked="" type="checkbox"/> (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	On an internal basis i.e. Staff
<input type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input type="checkbox"/> (M)	<input checked="" type="checkbox"/> (L)

**Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING...**

	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"/>
Poverty/social exclusion	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carers	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community cohesion	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Q4 Have you / will you undertake any public consultation and engagement relating to the initiative?**

Yes       No (If no, you need to consider whether you should be undertaking consultation and engagement – please see the guidance)

If yes, please provide details below

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**Q5(a) HOW VISIBLE IS THIS SERVICE/FUNCTION/POLICY/PROCEDURE/ PROJECT/ STRATEGY TO THE GENERAL PUBLIC?**

High visibility  
to general public

(H)

Medium visibility  
to general public

(M)

Low visibility  
to general public

(L)

**(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)

**c) IS THE DELIVERY OF THIS INITIATIVE AFFECTED BY LEGISLATION OR OTHER DRIVERS SUCH AS CODES OF PRACTICE?  
If so, please identify what and how?**

**Q6 HOW DID YOU SCORE?**

*Please tick the relevant box*

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

**MOSTLY L → LOW PRIORITY / NOT RELEVANT →  Do not complete EIA  
Please go to Q7 followed by Section 2**

**Q7 If after completing the EIA screening process you determine that this service/function/policy/project is not relevant for an EIA you must provide adequate explanation below (Please use additional pages if necessary).**

Democractic Services' role is to acknowledge receipt of petitions received and forward onto the appropriate Director for action.

**Section 2**

NB: Please send this completed form to obtain email approval from your Head of Service.

Screener- This to be completed by the person responsible for completing this screening
Name: Karen Vokes
Location:
Telephone Number: 5203
Date: 11.12.14
Approval by Head of Service
Name:
Position:
Date:

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