

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: Accountancy
Directorate: Chief Executives

Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?

Service/ Function <input type="checkbox"/>	Policy/ Procedure <input type="checkbox"/>	Project <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>	Proposal <input checked="" type="checkbox"/>
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(b) Please name and describe below
To advise Council of the In year review of Treasury Management for 2014/15.

Q2(a) WHAT DOES Q1a RELATE TO?

Direct front line service delivery <input type="checkbox"/> (H)	Indirect front line service delivery <input type="checkbox"/> (M)	Indirect back room service delivery <input checked="" type="checkbox"/> (L)
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(b) DO YOUR CUSTOMERS/CLIENTS ACCESS THIS SERVICE...?

Because they need to <input type="checkbox"/> (H)	Because they want to <input type="checkbox"/> (M)	Because it is automatically provided to everyone in Merthyr Tydfil <input type="checkbox"/> (M)	On an internal basis i.e. Staff <input checked="" type="checkbox"/> (L)
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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 <input type="checkbox"/> (H)	Medium visibility to general public <input type="checkbox"/> (M)	Low visibility to general public <input checked="" type="checkbox"/> (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.

This document is reviewing the In Year Treasury position for 2014/15 against previously set indicators, it is not making decisions on capital/revenue budgets.

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: Adele Lewis
Location: Civic Centre
Telephone Number: 01685 725368
Date: 13/01/2015
Approval by Head of Service
Name:
Position:
Date:

Please return the completed form to the Equalities Officer.