

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: Equality and Welsh Language
Directorate: Corporate Services

Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?

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

(b) Please name and describe below
Workforce Equality Policy

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 Tydfil	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 PROTECTED CHARACTERISTICS

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

The Workforce Equality policy has been reviewed in line with Internal procedure.

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: Dionne Llewellyn
Location: Equalities and Welsh Language
Telephone Number: 01685 724673
Date: 11/02/2015
Approval by Head of Service
Name:
Position:
Date:

Please return the completed form to the Equalities Officer.