

Equality Impact Assessment Form

Please ensure that you refer to the **'Equality Impact Assessment Guidance'** while completing this form. If you would like further guidance please contact the Equalities Officer or Equalities Team

Details
Name of Initiative to be assessed: Letter of Representation 2014-15
Name of responsible officer: Adele Lewis
Group/Directorate: Place and Transformation
Service Area: Finance
Date: 10-09-15

(a) WHAT ARE YOU ASSESSING FOR IMPACT ?

Service/ Function <input type="checkbox"/>	Policy/ Procedure <input type="checkbox"/> Y	Project <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>	Proposal <input type="checkbox"/>	Information/ Position statement <input type="checkbox"/>
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(b) Please name and describe below

Council report in respect of the Final Statement of Accounts for 2014/15.

**(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?**

Capital Accounting as per CIPFA Code of Practice on Local Authority Accounting in the United Kingdom 2014/15.

(d) Does the initiative directly affect service users, employees or the wider community?

Yes Continue assessment
 No N No need to continue screening or carry out an EqIA

Screening/Relevance Test: Is an equality impact assessment required?

Screening is used to decide whether the initiative you are responsible for has a high or medium negative impact on any of the protected groups and will require a full EqIA. Please highlight the positive impact the decision will have on the protected characteristics.

What will be the effect on :-

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	Low
Disability	Low
Gender Reassignment	Low
Marriage & Civil Partnership	Low
Pregnancy and Maternity	Low

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Race	Low
Religion or Belief	Low
Sex	Low
Sexual orientation	Low
Carers	Low
Welsh Language	Low

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

Statutory obligation to report audited financial accounts to full Council by 30th September. It is a statement of fact outlining the Council's financial position at 31st March 2015. Letter of Representations enforces this statutory obligation.

Are you happy that you have sufficient evidence to justify your decision?

Yes ...Yes..... No

Signed Adele Lewis__Position_Chief Accountant_____

N.B. If the initial screening process has identified actual or potential high or medium negative impact on a particular group or groups then you MUST carry out a full EqlA.

Full Equality Impact Assessment

You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impact, including positive impact, and clearly identify which protected groups are affected.

<p>In terms of any disproportionate / negative / adverse impact that the proposal may have on a protected group, what steps (if any) could be taken to reduce that impact for each group identified. Attach a separate action plan if necessary.</p>
<p>If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.</p>
<p>Please highlight positive impacts and actions that have been identified as a result of the assessment process.</p>

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Evidence Sources
(i) Give details of any data or research that has led to your reasoning above, in particular, the sources used for establishing the demographics of service users.
(ii) Give details of how you have engaged with service users on the proposals and steps to avoid any disproportionate impact on a protected group and how you have used any feedback to influence your decision.
Are you satisfied that the engagement process complies with the requirements of the Statutory Equality duties?

Decision Log – (detail how Elected Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made)

Review

Date of Next Review:
Not applicable
If review is not required, explain why.

Approved by:
Signature:
Job Title:
Approval date:

Date of Update:
Update recording

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