

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: Internal Audit
Directorate: Finance

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 type="checkbox"/>
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(b) Please name and describe below
Annual Governance Statement – EQIA not necessary – not planning, revising, reducing nor terminating any service, policy, function, strategy, project, plan nor proposal.

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 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 <input type="checkbox"/> (M)	On an internal basis i.e. Staff <input type="checkbox"/> (L)
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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 type="checkbox"/>	<input type="checkbox"/>
Disability	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or (non-)belief	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	→ <input 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"/>
Poverty/social exclusion	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion	→ <input type="checkbox"/>	<input type="checkbox"/>	<input 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)

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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).

The AGS is the publication of a statutory document relating to the internal control framework and governance arrangements in place at MTCBC.

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: Gary Evans
Location: Internal Audit
Telephone Number: 725066
Date: 09/09/2015
Approval by Head of Service
Name:
Position:

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Date:

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