

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: IRPW Annual Report for 2016/2017

Name of responsible officer: Ann Taylor

Group/Directorate: Legal and Governance

Service Area: Democratic Services

Date: 6/4/2016

(a) WHAT ARE YOU ASSESSING FOR IMPACT ?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal	Information/ Position statement
X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

(b) Please name and describe below

To approve the IRPW report for 2016/2017 that sets out the salary levels to be paid to elected members.

(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?

No

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

No No need to continue screening or carry out an EqIA