

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: Committee Cycle 2017/2018

Name of responsible officer: Ann Taylor

Group/Directorate: Legal and Governance

Service Area: Democratic

Date: 10th May 2017

(a) WHAT ARE YOU ASSESSING FOR IMPACT?

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

(b) Please name and describe below

List of committee dates for the 2017/018 municipal year

(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?

The rules of the MTCBC Constitution

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

Yes Continue assessment

No No need to continue screening or carry out an EqIA