

# 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

<b>Details</b>
Name of Initiative to be assessed: Member Champion Responsibilities
Name of responsible officer: Ann Taylor
Group/Directorate: Chief Executive
Service Area: Chief Executive
Date: 4 <sup>th</sup> April 2018

**(a) WHAT ARE YOU ASSESSING FOR IMPACT ?**

Service/ Function  <input type="checkbox"/>	Policy/ Procedure  <b>X</b>	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**

Introduction of new accountabilities for Member Champion representatives.

**(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?**

Yes  Continue assessment  
 No  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	None
Disability	None
Gender Reassignment	None
Marriage & Civil Partnership	None
Pregnancy and Maternity	None
Race	None

## Equality Impact Assessment Form

Religion or Belief	None
Sex	None
Sexual orientation	None
Carers	None
Welsh Language	None

**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).**

No need for an EQIA.

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

Yes

**Signed: Ann Taylor**

**Position: Head of Democratic Services**

**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.**

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