

# 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 2018/2019 : Cylchred Pwyllgor 2018/2019

Name of responsible officer: Ann Taylor

Group/Directorate: Legal and Governance

Service Area: Democratic

Date: 17<sup>th</sup> April 2018

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

| Service/<br>Function     | Policy/<br>Procedure     | Project                  | Strategy                 | Plan                                | Proposal                 | Information/<br>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 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