

# Equality impact assessment and Analysis (EIAA)

School/Directorate:

Name of person completing the equality impact assessment and analysis:

Date of completion:

What is the name of policy / function practice / criteria you are equality impact assessing?

Is the policy:

New

Existing

## Section 1: Screening

What is the aim of this policy / function / practice / criteria? What is it intended to achieve?

Who are the main stakeholders?

Staff

Students

Community

In light of the data and evidence you have collected for this EIAA, does either of the following apply in relation to this policy or practice?

Possibility for discrimination / adverse impact

Opportunities to promote equal opportunities / good relations

## Section 2: Evidence and data

***Please use the space below to discuss the range of engagement, evidence and data you used to assess the effects of this policy or practice on different people and groups. Discuss how you used it to make your conclusions about any impacts on equality of what you are assessing. Please ensure you include feedback where appropriate on the policy / function / practice / criteria from the four staff forums: Race Equality, Respect Sexual Orientation, Gender, and N-Able Disabled Staff Group. You can obtain further guidance and details on the staff forums from the Equality Unit.***

### Section 3: Equality impact

Based on your findings presented in the section above, please tick the appropriate boxes below and summarise your reasons where appropriate:

	Positive impact/ opportunities	Negative / adverse impact	No impact	Unknown	Reasons and evidence
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gender	<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"/>	
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Age	<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"/>	
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you have identified any negative or adverse impact, can this be justified?

Yes  No

If you have answered yes, please explain how this can be justified:

What action will you take to reduce the negative or adverse impacts?

Changes to the policy / function / practice / criteria   
 Consider changes to the method of implementation   
 Replacing the policy / function / practice / criteria

Please discuss what action you will take to reduce the impacts:

#### Section 4: Action Planning

Action required	By whom	Date for completion

#### Section 5: Publicising and reporting

*The Equality Unit will work with you to ensure this equality impact assessment is adapted for publication on the University website.*

***Please use the space below to discuss how else you want to make the results of this EIAA more widely known. This might include presenting it at School or Directorate forums, committee meetings etc, or sending it to those who were consulted; you may have your own internal channels of communication you want to use.***

#### Section 6: Monitoring and review

**When will you review this EIAA?**

**Who will be responsible for the review?**

**How will you monitor the policy / function / practice / criteria in the meantime?**

*This might include collecting periodic feedback, checking statistics periodically etc. There is no requirement for another full EIAA at this stage.*

**Section 7: Approval**

**Dean / Director of School / Director signature:**

**Date:**

**Date sent to Equality Unit:**