Department/Section:		Date of Assessment: Signature:					Review Due:			
Author/Owner:							Date:			
Step 1										
Aim of proposed activity/decision/new	ı or revised ρ	oolicy or procedure:								
									Revised	
Who will be affected?	Who will be consulted?					Evidence available:				
Step 2										
Potential Positive/Negative/Neutral Impact Identified. P, N, N/I	Age	Disability	Gender Reassignment	Marriage/Civil Partnership*	Pregnancy and Maternity	Race	Religion or Belief	Sex	Sexual Orientation	
Eliminating Discrimination										
Advancing Equality of Opportunity.										
Promoting Good Relations.										
Step 3										
Action to be taken:										
							Summary of El	\ Outcome – p	olease tick	
							Amendments or changes to be made			
							Proceed with awareness of adverse impact			
							Abandon proces	s – Stop and R	ethink	
							Please forward co Oakley, Governar	ompleted EIA f nce and Policy	iorms to Nichola Officer.	ìS