# Equality Impact Assessment Form

[Guidance to support completion of EIAs](http://www.equality.admin.cam.ac.uk/equality-diversity-cambridge/equality-assurance-assessments/eaa-form-and-guidance) can be found online.

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| **CONTACT DETAILS** | |
| 1. **Name of Proposal Owner** | Provide the name of the person with strategic responsibility for the implementation of the policy, function or practice. |
| 1. **Department, Faculty, Unit or Section** | Provide the name of the department that is responsible for the policy, function or practice. |
| Contact name and email | Provide the name and contact details of the person undertaking the EIA. |

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| **STAGE ONE: PROPOSAL DETAILS** | |
| 1. **Name of policy, function or practice (proposal) being assessed** | Provide the name that will be used internally and in any published documents. |
| 1. **Reason for EIA (check as appropriate)**   Please check the appropriate box as appropriate | New policy, function or practice  Change to an existing policy, function or practice  Review of existing policy, function or practice  Other (please state) |
| 1. **Date when the proposal is anticipated to come into effect** | Provide the date by when the proposal is due to come into effect. Detailed timeline information should be noted in Stage Two. |
| 1. **Purpose of the proposal** | |
| Provide a summary outline of the proposed changes, or the nature of the new policy.  **Please attach relevant files to this document.** | |
| 1. **Who does the proposal impact?** | |
| As an overview, include here a description of any staff, student or other groups who may be impacted by the proposal. If possible, it may be helpful to broadly quantify the number of people impacted.  A full analysis will be undertaken on Page 3. | |
| 1. **Legislative, regulatory or other legal requirements?** | |
| Is the proposal/policy driven by any legislative (statutory, regulatory policy) or external requirement?  If none, state so. | |
| 1. **Who will implement/deliver the policy or proposal?** | |
| Provide details on who will deliver the proposal, how the proposal will be communicated and how it will be implemented. | |

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| **Evidence base and consultation** | | | |
| 1. **Information sources**   What data has been used to evaluate impact on staff/students sharing protected characteristics | | Provide details of the information sources used to develop your proposal.  Information sources could include CHRIS data, monitoring information, surveys, research, information held on local systems and relevant evidence from previous consultation/engagement events etc.  What does this information tell you about your proposal and its potential impact? | |
| 1. **Gaps in evidence**   Please identify any gaps in evidence which prevented a proper assessment of the proposal | | This may be due to a lack of data or opportunities for consultation.  Has this lack prevented an accurate assessment of any potential negative impact? | |
| 1. **Engagement** | | | |
| **Consultation(s)** | **Date(s)** | | If consultation is spread across many dates please include a timeframe. |
| **Audience** | | If your proposal impacts on any particular groups, they should have been engaged/consulted |
| **Main issues raised** | | Summarise the main issues highlighted. If there is concern that there may be disadvantage to a particular group, this should be captured in the Action Plan in Stage Two. |
| **Other engagement(s)** | **Date(s)** | |  |
| **Audience** | |  |
| **Main issues raised** | |  |

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| **STAGE TWO: ASSESSING IMPACT AND ACTION PLANNING** | | | | | | | |
| 1. **What are the potential or actual impacts of the policy or proposal when assessed against each of the following protected characteristics?** | | | | | | | |
| **Reviewed characteristic** | ***Positive impact*** | ***No impact*** | ***Negative impact*** | **Detail of impact**  If there is no impact – you do not need to fill in this section | **How will you mitigate or remove any negative impacts and/or promote any positive impacts?**  *Can any identified negative impact be objectively justified? If yes, please explain why.* | **Owner of action** | **Timescale** |
|  |  |  |  | *Explain whether, and if so, how, the proposal will affect people differently according to their expression of this characteristic. This section should be completed whether the impact is positive or negative. With positive impact, detail the actions you will take to promote the positive impact to the university in the next column.* | *If a negative impact is identified, explain the business need and why the proposed measures are appropriate and proportionate to achieve that. Where you identify a negative impact which cannot be objectively justified identify what changes you will make to your proposal to address this.* | *Identify who is responsible for mitigation or elimination* | *Provide brief timescale for completion of mitigation or elimination* |
| Age |  |  |  |  |  |  |  |
| Disability |  |  |  |  |  |  |  |
| Gender reassignment |  |  |  |  |  |  |  |
| Marriage and civil partnership |  |  |  |  |  |  |  |
| Pregnancy and maternity |  |  |  |  |  |  |  |
| Race |  |  |  |  |  |  |  |
| Religion or belief |  |  |  |  |  |  |  |
| Sex |  |  |  |  |  |  |  |
| Sexual orientation |  |  |  |  |  |  |  |
| Applies to all characteristics |  |  |  |  |  |  |  |
| **ONCE COMPLETED PLEASE SEND THIS FORM AND ANY RELATED DOCUMENTATION TO THE E&D SECTION** | | | | | | | |

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| **STAGE THREE: Outcome** *[E&D Section USE ONLY]* | |
| 1. **Please select one of the outcomes below for how the proposal will be progressed** | |
| **No impact identified at this time.**  *As a result of assessing the policy against the protected characteristics, no equality impact(s) have been identified.* | |
| **Continue the proposal without adjustments for adverse impact.**  *One or more adverse equality impacts have been identified. However, the proposal meets critical business need AND is an appropriate and proportionate means to achieve that aim.* | |
| **Continue the proposal making adjustments where required.**  *One or more equality impacts have been identified. Mitigating actions to address this will be taken.*  *(as detailed in Table 14)* | |
| **Stop the proposal because adverse impacts cannot be prevented or objectively justified.**  *One or more adverse impacts have been identified which cannot be objective justified and it is not possible to make adjustments to address the adverse impact it may be necessary to stop the proposal.* | |
| **Proposal COMPLETION AND RECOMMENDATIONS** *[EIA review group USE ONLY]* | |
| **EIA Review Group comments and recommendations** |  |
| **Signed by Proposal Owner** | Signature:  Date: |
| **Signed by E&D Team**  **(on behalf of EIA Review Group)**  ***E&D Team will either approve the EIA or discuss any required amendment necessary before signing it off for publication.***  ***Once approved, the proposal owner is responsible for ensuring that all actions and review dates are met and the EIA updated accordingly.***  ***Every time the EIA is updated, you are required to submit it to the E&D Section for approval.*** | Signature:  Date: |