

Equality Impact Assessment

1. Name of the change, strategy, project or policy:		Work Life Policy Statement	
2. Name of person completing this form:		Paul Stewart/Catherine Moore – HR Service (Schools)	
3. Has the policy/practice been assessed to consider any negative impact on the key groups?			
4. Where negative impact has been identified, please complete questions 5-9, if none is identified, please sign and proceed to question 9.			
Equality Target Group (circle):	Negative impact – it could disadvantage	Reason	
Race	None		
Religion/belief	None		
Disability	None		
Gender	None		
Sexual Orientation	None		
Age	None		
5			Yes No
Is the impact legal/lawful? Seek advice from your School link HR Advisor if necessary.			NA NA
Is the impact intended?			NA NA
6 Could you minimise or improve any negative impact? Use the space below to detail how.			
NA			
7 Is it possible to consider a different policy/strategy/action, which still achieves your aim, but avoids any adverse impact on equality?			
NA			
8. In light of all the information detailed in this form; what practical actions would you take to reduce or remove any adverse / negative impact?			
Resulting actions will be determined where negative impact is identified as part of the monitoring arrangements and regular review of the policy.			

PART B) To be completed when assessment and consultation has been carried out

9a) As a result of the assessment and consultation completed in Part A above, state whether there will need to be any changes made to the policy, project or planned action.			
9b) As a result of this assessment and consultation, does the school need to commission specific research on this issue or carry out monitoring/data collection?			
School data to be added when issued by employee services.			
9) Have you set up a monitoring/evaluation/review process to check the successful implementation of the policy, project or change?	Yes	<input checked="" type="checkbox"/> No	