

# Equality Impact Assessment Screening Form

Please ensure that you refer to the Draft Screening Form Guidance while completing this form. If you would like further guidance please contact Corporate Strategy or your directorate Heads of Service Equality Group Champion.

<b>Section 1</b>
What service area and directorate are you from?
Service Area: Music
Directorate: ELLL

**Q1(a) What are you screening for relevance?**

Service/ Function <b>x</b>	Policy/ Procedure <input type="checkbox"/>	Project <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>	Proposal <input type="checkbox"/>
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**(b) Please name and describe below**

To create a single NPT music service ( this service is already in existence, the operational arrangements will continue throughout the borough )

**Q2(a) What does Q1a relate to?**

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
<b>x (H)</b>	<input style="background-color: yellow;" type="checkbox"/> (M)	<input style="background-color: lightgreen;" type="checkbox"/> (L)

**(b) Do your customers/clients access this service...?**

Because they need to	Because they want to	Because it is automatically provided to everyone in NPT	On an internal basis i.e. Staff
<input style="border: 1px solid red;" type="checkbox"/> (H)	<b>x (M)</b>	<input style="background-color: yellow;" type="checkbox"/> (M)	<input style="background-color: lightgreen;" type="checkbox"/> (L)

**Q3 What is the potential impact on the following protected characteristics?**

	High Impact (H)	Medium Impact (M)	Low Impact (L)	Don't know (H)
Age	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<b>x</b>	<input style="border: 1px solid red;" type="checkbox"/>
Disability	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<b>x</b>	<input style="border: 1px solid red;" type="checkbox"/>
Gender reassignment	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<b>x</b>	<input style="border: 1px solid red;" type="checkbox"/>
Marriage & civil partnership	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<b>x</b>	<input style="border: 1px solid red;" type="checkbox"/>
Pregnancy and maternity	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<b>x</b>	<input style="border: 1px solid red;" type="checkbox"/>
Race	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<b>x</b>	<input style="border: 1px solid red;" type="checkbox"/>
Religion or belief	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<b>x</b>	<input style="border: 1px solid red;" type="checkbox"/>
Sex	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<b>x</b>	<input style="border: 1px solid red;" type="checkbox"/>
Sexual orientation	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<input style="background-color: lightgreen;" type="checkbox"/>	<b>x</b>
Welsh language	→ <input style="border: 1px solid red;" type="checkbox"/>	<input style="background-color: yellow;" type="checkbox"/>	<b>x</b>	<input style="border: 1px solid red;" type="checkbox"/>

**Q4(a) How visible is this service/function/policy/procedure/ project/strategy to the general public?**

High visibility to general public <input style="border: 1px solid red;" type="checkbox"/> (H)	Medium visibility to general public <b>x (M)</b>	Low visibility to general public <input style="background-color: lightgreen;" type="checkbox"/> (L)
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**(b) What is the potential risk to the council’s reputation? (Consider the following impacts – legal, financial, political, media, public perception etc...)**

High risk  
to reputation

(H)

Medium risk  
to reputation

x (M)

Low risk  
to reputation

(L)

**Q5 How did you score?**  
*Please tick the relevant box*

**MOSTLY H and/or M → HIGH PRIORITY →  EIA to be completed  
Please go to Section 2**

**MOSTLY L → LOW PRIORITY / NOT RELEVANT →  Do not complete EIA  
Please go to Q6 followed by Section 2**

**Q6 If after completing the EIA screening process you determine that this service/function/policy/project is not relevant for an EIA you must provide adequate explanation below (Please use additional pages if necessary).**

The service is already in existence, is accessible to children and adults. It provides locations that are accessible to those with disabilities. It is fully accessible in terms of Gender, Race, religion / belief. The service also offers the service through the medium of Welsh.

## Section 2

Screener- This to be completed by the person responsible for completing this screening
Name: Chris Millis
Location: ELLL
Telephone Number: 01639 763226
Date: 3/2/16
Approval by Head of Service
Name: Chris Millis
Position: Head of Participation
Date: 3/2/16

**Please ensure this completed form is filed appropriately within your directorate because it may be required as evidence should a legal challenge be made regarding compliance with the Equality Act 2010.**