

# 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:	Human Resources
Directorate:	Chief Executives

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

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(b) Please name and describe below**

**Introduction of a Menopause Briefing Note for Managers and Supervisors.**

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

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
<input type="checkbox"/> (H)	<input checked="" type="checkbox"/> (M)	<input 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 type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input type="checkbox"/> (M)	<input checked="" 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 type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>	→ <input type="checkbox"/>
Disability	→ <input type="checkbox"/>	→ <input type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>
Gender reassignment	→ <input type="checkbox"/>	→ <input type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>
Marriage & civil partnership	→ <input type="checkbox"/>	→ <input type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>
Pregnancy and maternity	→ <input type="checkbox"/>	→ <input type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>
Race	→ <input type="checkbox"/>	→ <input type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>
Religion or belief	→ <input type="checkbox"/>	→ <input type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>
Sex	→ <input type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>	→ <input type="checkbox"/>
Sexual orientation	→ <input type="checkbox"/>	→ <input type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>
Welsh language	→ <input type="checkbox"/>	→ <input type="checkbox"/>	→ <input checked="" type="checkbox"/>	→ <input type="checkbox"/>

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

High visibility to general public	Medium visibility to general public	Low visibility to general public
<input type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input checked="" 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

(M)

Low risk  
to reputation

X  (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 / → X  Do not complete**

**EIA NOT RELEVANT 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).**

This is a briefing note for managers and supervisors. It is a positive addition to the suite of employment policies and support available to staff around this sensitive matter.

## Section 2

Screener- This to be completed by the person responsible for completing this screening	
Name:	Diane Hopkins
Location:	Human Resources at the Quays
Telephone Number:	01639 763012
Date:	10/11/2017
Approval by Head of Service	
Name:	Sheenagh Rees
Position:	Head of Human Resources
Date:	10/11/2017

**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.**