

# 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: Registration Service – Legal Services |
| Directorate: Finance and Corporate Services         |

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

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

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

**Relocation of Neath Port Talbot Registration Service from London Road Offices, to proposed location at the site of the Former County Court, Neath**

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

|  |   |  |
|--|---|--|
| Direct front line<br>service delivery<br><br><input checked="" type="checkbox"/> (H) | Indirect front line<br>service delivery<br><br><input type="checkbox"/> (M) | Indirect back room<br>service delivery<br><br><input type="checkbox"/> (L) |
|--|---|--|

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

|  |   |   |   |
|--|---|---|---|
| Because they<br>need to<br><br><input checked="" type="checkbox"/> (H) | Because they<br>want to<br><br><input type="checkbox"/> (M) | Because it is<br>automatically provided to<br>everyone in NPT<br><br><input type="checkbox"/> (M) | On an internal<br>basis<br>i.e. Staff<br><br><input type="checkbox"/> (L) |
|--|---|---|---|

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

|                              | High Impact<br>(H)         | Medium Impact<br>(M)                | Low Impact<br>(L)                   | Don't know<br>(H)        |
|------------------------------|----------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Age                          | → <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Marriage & civil partnership | → <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/>            | <input checked="" 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<br>to general public<br><br><input checked="" type="checkbox"/> (H) | Medium visibility<br>to general public<br><br><input type="checkbox"/> (M) | Low visibility<br>to general public<br><br><input 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

(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).**

No change in service delivery and only proposed relocation to new premises

## Section 2

|  |
|--|
| Screener- This to be completed by the person responsible for completing this screening |
| Name: Craig Griffiths  |
| Location: Civic Centre, Port Talbot, SA13 1PJ  |
| Telephone Number: 01639 763767   |
| Date: 11 <sup>th</sup> June 2018   |
| Approval by Head of Service  |
| Name: Craig Griffiths  |
| Position: Head of Legal Services   |
| Date: 11 <sup>th</sup> June 2018   |

**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.**