

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.

Section 1

What service area and directorate are you from?

Service Area: Inclusion

Directorate: Educational Leisure and Lifelong Learning

Q1(a) What are you screening for relevance?

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

(b) Please name and describe below

Creation of Early Years Development Officer Post

Q2(a) What does Q1a relate to?

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
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X (H)

(M)

(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
X <input type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input type="checkbox"/> (M)	<input 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 type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>
Disability	→ <input type="checkbox"/>	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	→ <input type="checkbox"/>	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	→ <input type="checkbox"/>	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	→ <input type="checkbox"/>	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>
Race	→ <input type="checkbox"/>	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	→ <input type="checkbox"/>	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>
Sex	→ <input type="checkbox"/>	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	→ <input type="checkbox"/>	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>
Welsh language	→ <input type="checkbox"/>	<input type="checkbox"/>	X <input 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)	X <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

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 /** → **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).

Section 2

Screener- This to be completed by the person responsible for completing this screening
Name: Zoe Ashton Thomas
Location: Inclusion
Telephone Number: 01639 763718
Date: 21.08.18
Approval by Head of Service
Name: Andrew Thomas
Position: Head Of Service

Date: 21.08.18

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.