

Stafford Borough Council

Equality Impact Assessment Form (EIA)

See Guidelines on completing Equality Impact Assessment Forms

Equality Impact Assessment	
1	Title of Function or Policy to be assessed:
2	Date:
3	Name of Lead Officer:
4	EIA Team:
5	Head of Service:
6	Existing, new or review:
7	Set out the aims/objectives/purposes/outcomes of the function or policy, and give a summary of the service provided:
8	Linked policies, functions: Are there any other functions, policies or services, which might be linked with this one for the purposes of this exercise?
9	Who is it intended to affect or benefit (the target population):

10	Within this table, state whether the policy or function will have a positive or negative impact across the following factors and provide any comments.			
		Positive Impact	Negative Impact	Comments
	Age			
	Disability			
	Gender			
	Race			
	Religion/belief			
	Socio Economic			
11	What evidence do you have for the statements you have made above?			
12. From evidence given at Q.11 what actions, if any, will you need to take against each of the following equality strands:				
Disability:				
Race:				
Gender:				
Age:				
Religion/belief:				
Sexuality:				
Socio Economic:				
13. Briefly explain how the policy or function contributes to Community Cohesion by answering the following questions:				

- How will it provide equality of access to services, information and employment?
- Does it or could it celebrate diversity?
- Will it or could it promote good relationships within and between communities?
- How will it help to prevent social exclusion?
- Will it help to reintegrate those who have become excluded?
- How will it provide good quality, inclusive services?

14. Consultation:

Describe what consultation has been undertaken on this function or policy, who was involved and the outcome.

Head of Service:

I am satisfied with the results of this EIA

*The findings will be referred to within Service Plans and targets built around these.

I agree to review the Action Plan after 12 Months

Signature of Head of Service:

Completion of the Toolkit:

Action Plan				
Please list on this sheet the nature of any issues and any recommendation for actions that you plan to implement as a result of undertaking this Impact Assessment				
Issue Identified	Action to be taken	Name Lead	Date to be Achieved	Outcomes