

PLEASE ASSESS THE POTENTIAL IMPACT OF YOUR PROPOSAL ON THE FOLLOWING PROTECTED CHARACTERISTICS

Age

Disability

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Sex

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Gender Reassignment

Marriage and Civil Partnership

Pregnancy and Maternity

Race

A large, empty rectangular box with a thin black border, intended for the user to provide their race information.

Religion or Beliefs

Sexual Orientation

A large, empty rectangular box with a thin black border, intended for the user to provide information or notes related to the 'Sexual Orientation' section.

Please indicate any actions arising from completing this initial screening exercise

A large, empty rectangular box with a thin black border, intended for the user to indicate any actions arising from completing the initial screening exercise.

Please indicate whether a full impact assessment is recommended

If a full assessment is required please complete sections below:

What information/data has been collected to facilitate the assessment of this policy/proposal?

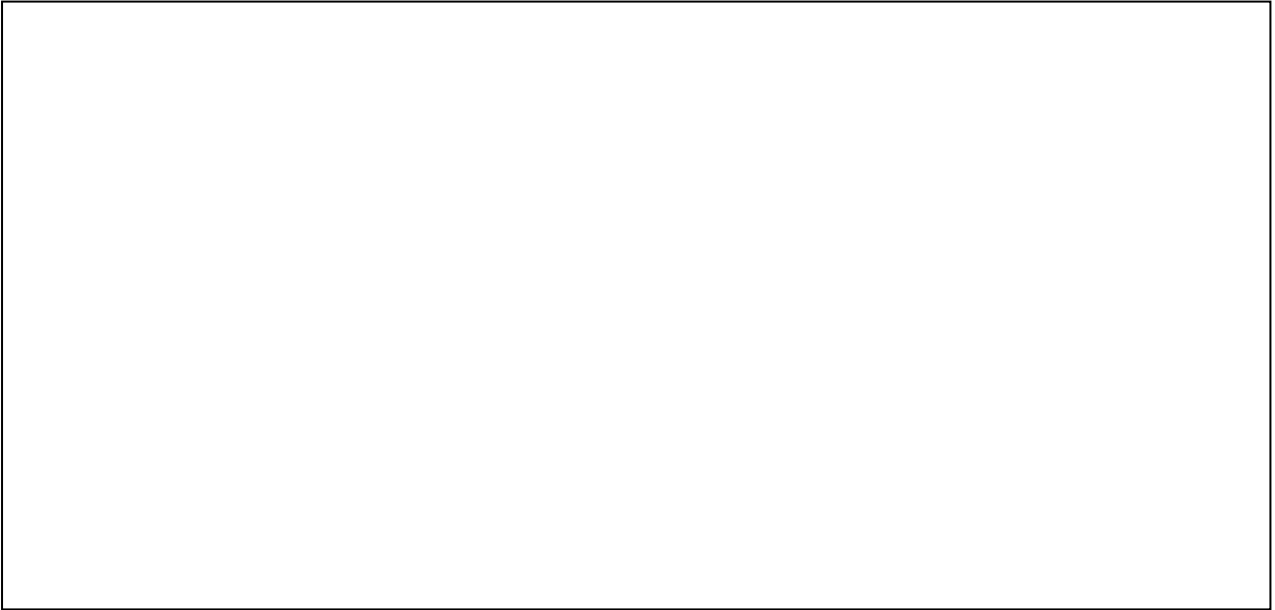
Could the policy/proposal be modified to reduce or eliminate any adverse impact on any particular protected equality group(s)?



How will the effect(s) of this policy/proposal on equality be monitored?

What data is required in the future to ensure effective monitoring of this policy/proposal?

Consulted people or groups



Informed people or groups



