



EIA Form About your EIA

Reference number



How frequently will you review impact and mitigation measures identified in this EIA?	
Due date of the first review	

Directorate, Division & Service Area

Which directorate(s) are responsible for this EIA?	
Division	
Service area	
Budget Saving	

Officers

What is the responsible



How will you mitigate against any negative impact to the disability characteristic?	
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Protected Characteristic - Sex

Does this proposal impact citizens based on their Sex as per the Equality Act 2010?	
What Sexes will be impacted by this proposal?	
Please describe the impact to the Sex characteristic	
How will you mitigate against any negative impact to the Sex characteristic?	

Protected Characteristic - Gender Reassignment

Does this proposal impact people who are proposing to undergo, undergoing or have undergone a process to reassign one's sex as per the Equality Act 2010?	
Please describe the impact to the gender reassignment characteristic	
How will you mitigate against any negative impact to the gender reassignment characteristic?	

Protected Characteristic - Marriage and Civil Partnership

Does this proposal impact people who are married or in a civil partnership as per the Equality Act 2010?	
What legal marital or registered civil partnership status will be impacted by this proposal?	
Please describe the impact to the marriage and civil partnership characteristic	
How will you mitigate against any negative impact to the marriage and civil partnership characteristic?	



Does this proposal impact people's sexual orientation as per the Equality Act 2010?

What sexual orientations may be impacted by this proposal?

Please describe the impact to the sexual orientation characteristic



Please enter the email address for the officer responsible for monitoring impact and mitigation

