

EQUALITY IMPACT ASSESSMENT

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Date: 30/01/2024



EIA Form About your EIA

| | |
|---|--|
| Reference number | |
| Date Submitted | |
| Subject of the EIA | |
| Brief description of the policy, service or function covered by the EIA | |



| Data Sources | |
|---------------------|--|
| | |
| Data source details | |

Protected Characteristics

| Protected Characteristic | Age |
|---|-----|
| Does this proposal impact people due to their age as per the Equality Act 2010? | |
| What age groups are impacted by your proposal? | |
| Please describe the impact to the age characteristic | |
| How will you mitigate against any negative impact to the age characteristic? | |



Protected Characteristic - Gender Reassignment



Please describe the impact to the pregnancy and maternity characteristic

How will you mitigate against any negative impact to the pregnancy and maternity characteristic?



Protected Characteristic - Sexual Orientation

| | |
|---|--|
| 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 | |
| How will you mitigate against any negative impact to the sexual orientation characteristic? | |

Monitoring

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|---|--|
| How will you ensure any adverse impact and mitigation measures are monitored? | |
| Please enter the email address for the officer responsible for monitoring impact and mitigation | |

