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# Equality Impact Assessment (EIA)

**Please refer to the guidance available from the** [**Equality Policy Unit webpages**](https://equality.leeds.ac.uk/equality-inclusion-framework/equality-impact-assessments/) **for advice on how to complete this assessment template.**

## Section 1: Information about the person completing this assessment

**Name:**

**Job title:**

**Faculty/Service Area:**

**Email:**

## Section 2: About the policy, procedure or practice

**Title of the policy, procedure or practice:**

**Please describe the aims and purpose of the policy, procedure or practice in roughly 100 words or less:**

**Other partners/decision-makers involved in the development of the policy, procedure or practice (if any):**

**Who will this policy, procedure or practice apply to? For example, staff, students, visitors, the general public:**

## Section 3: Involvement and Consultation

**What involvement and consultation activity has been undertaken or is planned in relation to this policy, procedure or practice? For example, you may have used focus groups, surveys or one to one interviews, to collate feedback from relevant groups about the policy, procedure or practice.**

## Section 4: Gathering data and evidence

**Have you identified relevant evidence (qualitative and quantitative) to establish whether this policy, procedure or practice could potentially affect some equality groups more than others? This might include analysing equality data for each of the groups identified in Section 5 and/or identifying/researching anecdotal or alternative evidence. Please include any relevant evidence when submitting this assessment.**

## Section 5: Assessing the impact

**Using examples from the evidence you have collected and using the list below for reference, how might different equality groups be affected by this policy, procedure or practice? Where possible please describe the impact as ‘positive’, ‘negative’ or ‘neutral’.**

**Age**

**Disability**

**Gender reassignment**

**Marriage and civil partnership**

**Pregnancy and maternity**

**Race**

**Religion and belief (including no belief)**

**Gender**

**Sexual orientation**

**Caring responsibilities**

## Section 6: Addressing any impact: action planning

**Please describe any actions you will take as a result of undertaking this assessment, including the timescale for each action and who will be responsible for the action.**

**Action 1:**

**Timescale:**

**Responsibility:**

**Action 2:**

**Timescale:**

**Responsibility:**

**Action 3:**

**Timescale:**

**Responsibility:**

**Action 4:**

**Timescale:**

**Responsibility:**

**Action 5:**

**Timescale:**

**Responsibility:**

## Section 7: Approval & Publishing

**Signature of person completing this Equality Impact Assessment (an electronic signature will be accepted):**

**Date:**