

Annex A - Equality Analysis Template

1. Name of activity:				
2. Main purpose of activity:				
3. List the information, data or evidence used in this assessment:				
4. Assessment				
Characteristics	Neutral (x)	Negative (x)	Positive (x)	Describe the person you are assessing the impact on, including identifying: community member or employee, details of the characteristic if relevant, e.g. mobility problems/particular religion and why and how they might be negatively or positively affected. Negative: What are the risks? Positive: What are the benefits?
Community considerations (i.e. applying across communities or associated with rural living or Human Rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative
A person living with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive
A person of a particular race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative
A person of a gay, lesbian or bisexual sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive
A person of a particular sex, male or female, including issues around pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative
A person of a particular religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive
A person of a particular age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative

				Positive
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative
				Positive

5 Results

	Yes	No	
Were positive impacts identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Are some people benefiting more than others? If so explain who and why.	<input type="checkbox"/>	<input type="checkbox"/>	
Were negative impacts identified (what actions were taken)	<input type="checkbox"/>	<input type="checkbox"/>	

6. Consultation, decisions, and actions

If High or very high range results were identified who was consulted and what recommendations were given?

Describe the decision on this activity

List all actions identified to address/mitigate negative impact or promote positively

Action	Responsible person	Completion due date

When, how and by whom will these actions be monitored?

7. Signatures

Assessor (Report Author)

Name: _____ Signature**

Validated by (relevant Senior Manager)

Name: _____ Signature**

Forward to the Policy & Strategy Team

Signature**

Assessment date: _____ Review date: _____

**** Please type your name to allow forms to be sent electronically. Please send to policy@north-herts.gov.uk for review by the team.**

A copy of this form should be forwarded to the corporate policy team and duplicate filed on the council's report system alongside any report proposing a decision on policy or service change.