

## Central Scotland Police Equality Impact Assessment Template

Name of the policy/SOP/function/process/project				
Author				
Name:	Job title and department:	Date:	Signature:	
<b>What are the main aims, purpose and outcomes of the policy/SOP/function/process/project and how do these fit in with the wider aims of the organisation?</b>				
<b>Examine the data and research available</b> Outline evidence of the impact the policy/SOP/function/process/project will have on different equality groups				
<b>Assessing the likely impact on equality</b>				
<b>What impact is the project likely to have on different people because of their:-</b>	<b>Positive</b>	<b>Negative/ Adverse</b>	<b>Neutral</b>	<b>Comments<sup>1</sup></b>
Age				
Disability (physical, sensory, learning difficulties, cognitive impairment)				
Gender				
Race				
Religion/Belief or strong philosophical opinion				
Sexual Orientation				
Transgender identity				
Physical Environment				
Other (please list)				
<b>Consider other ways to achieve the same goals</b>				
<b>Consultation</b> You should now consult with the groups affected by your policy/SOP/function/process/project and document who they are and what they said below. You should also use this space to note changes you have made as a result of consultation.				
<b>Decide whether to introduce your policy/SOP/function/process/project</b> If you have identified unequal impact consider if you still plan to introduce your policy/SOP/function/process/project				

<sup>1</sup> Give evidence to support your answer for positive, negative or no impact including what is currently in place or required to ensure equality of access.

Yes  No  Further investigation needed

**Arrangements for monitoring and review**

**Change in legislation affecting the policy/SOP/function/process/project, an incident such as a serious complaint of tribunal case, Three years passing from date of initial assessment,**

Action	Target date	Owner

**Author of policy and EIA**

Name:	Job title and directorate:	Date:	Signature:
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**Quality assurance by interventions unit.**

Name:	Interventions role:	Date:	Signature:
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**This space is for the interventions unit to make comment on the impact assessment**

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**Director level/ Chief Superintendent/ Project sponsor (sign-off)**

Name:	Job title and directorate:	Date:	Signature:
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