

**Equality Impact Assessment
Level One Assessment Form**

Service Area.....Human Resources.

1. What is the name of the proposed policy, procedure, project etc to be assessed.	
Personal Safety Guidelines	
2. What are the aims or intended outcomes of the policy to be assessed.	
Guidelines to advise staff on potential dangers and establish procedures and good practice to avoid potential violent incidents.	
3. Is there any potential public or staff concern that this function, policy or proposal may have a discriminatory impact	
PUBLIC	STAFF
4. Is there any other evidence (results of consultations, monitoring data etc) to suggest that the proposals could have an adverse/differential impact on the grounds of	
<p>a. Race</p> <p>b. Religion Could be an issue which is not addressed in these guidelines re employees visiting people in the community who may have certain religious beliefs (ie, dress code).</p> <p>c. Gender</p> <p>d. Disability</p>	

e. Sexual Orientation

f. Age

5. If there is no evidence are there any experts/ relevant groups who you can approach to explore their views on the issues

6. How will the views of these groups be obtained

7. Please detail the outcomes of these consultations

8. What are the risks (if any) associated with the policy in relation to the adverse/differential impact on the ETG's

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9. Considering the evidence above what priority would you give this policy in relation to the Equality Target Groups. Please provide a rationale for your conclusions

	High	Medium	Low
Disability			
Race			
Gender			
Sexual Orientation			
Age			
Religion or Belief			

10. If in your judgment the proposed service/policy etc does have an adverse impact? Can that impact be justified?

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11. What steps will you take to address any unjustified impact

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12. Are there any additional resource implications for the steps that need to be taken, both in terms of time and finances	
13. How will you monitor the effect of this function, policy etc on the equality target groups	

14. (HR Policies Only) Is the Policy consistent with employment Codes of Practice on Race, Gender and Disability? If not what else needs to be included
15. Does this Policy need to be fully impact assessed? Please give reasons

Name
Signed

Service
Dated

Service Manager Signature

Approved by Corporate Equalities Planning and Scrutiny Group

Signed

Date