**Equality analysis form**

If the activity you are planning to analyse is covered by an existing Equality Analysis or a relevant former Equality Impact Assessment, please use Section 2 of the form to highlight any updated information. The updated form should be sent through to the Equality and Diversity Unit for feedback, the start of the online consultation process and publication.

**Section 1**

**Equality Analysis Screening**

The following questions will identify whether a full Equality Analysis will be required. Please read the Equality Analysis guidance prior to completing the screening.

1. Name of the activity (strategy, policy, practice etc)

|  |
| --- |
|  |

1. Will this activity have the potential to deliver positive outcomes for students, staff and/or visitors from equality groups? Please provide evidence for your answer.

|  |
| --- |
|  |

1. Will this activity have the potential to create negative impacts on students, staff and/or visitors from equality groups? Please provide evidence for your answer.

|  |
| --- |
|  |

1. Does the activity have the potential to impact equality groups in the following ways:
* Access to or participation in UWE Faculties or Professional Services?
* Levels of representation across the UWE workforce?
* Student experience, attainment or withdrawal?
* Staff experience?

Please indicate YES or NO. If the answer is YES then a full analysis must be carried out. If the answer is NO, please provide a justification.

|  |
| --- |
|  |

**Equality analysis screening sign off:**

|  |  |
| --- | --- |
| Faculty Dean or Head of Service  |  |
| Faculty / service |  |
| Date |  |

**Please return the completed form back to the Equality & Diversity Unit for feedback and publication**

**Section 2**

**Full Equality Analysis**

1. Name of the activity (strategy, policy or practice etc)

|  |
| --- |
|   |

2. What is the aim of the activity (objective or purpose)?

|  |
| --- |
|  |

3. If amending a current activity, what changes are proposed?

|  |
| --- |
|  |

4. Who is responsible for developing and delivering the activity?

|  |
| --- |
|  |

5. What measures will be used to assess whether the activity is successful?

|  |
| --- |
|  |

6. Does the activity have a potentially adverse impact on equality groups, in terms of employment issues and/or service delivery for students and/or staff? In the table below, please give evidence to support your yes or no answers. If the answer is not known, indicate how you will source evidence.

**Meeting the public sector equality duty**

Please also use the table below to demonstrate whether the activity has the potential to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Please use the ‘no’ column to highlight your responses.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not known** |
| **Women and men** |  |  |  |
| **Trans people** |  |  |  |
| **Black and minority ethnic groups**  |  |  |  |
| **Disabled people**  |  |  |  |
| **Younger or older people** |  |  |  |
| **People of different religion and beliefs**  |  |  |  |
| **Lesbian, gay, bisexual people**  |  |  |  |
| Marriage and civil partnership |  |  |  |
| **Pregnancy and maternity** |  |  |  |

7. Please give evidence of how you have engaged equality groups in the equality analysis process. Is further engagement required?

|  |
| --- |
|  |

8. What action can be taken to mitigate any potential negative impacts or address different needs? Please comment and then complete an action plan (see appendix 1).

|  |
| --- |
|  |

9. Please indicate the level of equality relevance:

High 🞎

Medium 🞎

Low 🞎

10. **Equality analysis sign off:**

|  |  |
| --- | --- |
| Faculty Dean or Head of Service  |  |
| Faculty / service |  |
| Date |  |

**Please return this form to the Equality and Diversity Unit for feedback, the start of the consultation process and publication.**

**Equality analysis - action plan Appendix 1**

Name of activity:

Plan completed by: Service / faculty:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Issues** | **Actions****required** | **Responsible****Person** | **Resources required** | **Target date** | **Success Indicators** | **What progress has been made?** |
| **Information/data required** |  |  |  |  |  |  |
| **Consultation** |  |  |  |  |  |  |
| **Monitoring and review arrangements** |  |  |  |  |  |  |
| **Publication** |  |  |  |  |  |  |
| **Other actions** |  |  |  |  |  |  |

Please return form to the Equality and Diversity Unit