

Equality and Diversity Impact Assessment Form

Part 1

| | | |
|---|--|---|
| Department | | |
| Policy | | |
| Date of Assessment | | |
| Panel Members | | |
| | | |
| Relevance to the College's Equality Duty? (disability, gender and race) | | If yes , please cross reference with relevant scheme |

Part 2

| | Groups | Likely Impact (positive or adverse) |
|---|---|-------------------------------------|
| a | Age | |
| b | Belief/Religion/Faith | |
| c | Socio-economic Status | |
| d | Disability (physical, sensory, learning, mental and physical health) | |
| e | Ethnicity/Race/Nationality (including Gypsy Travellers) | |
| f | Gender (including transgendered and transsexual individuals) | |
| g | Sexual Orientation | |
| h | Any other groups/issues (unemployed, homeless, refugees or asylum seekers, migrant workers, rural issues) | |

Part 3

| | | |
|---|---|----------|
| a | Is the policy subject to equality monitoring? | Yes / No |
| b | If yes, how is the data collected/disseminated and where will it be discussed? | |
| c | Has the policy developer consulted with any groups or sought information from them? What are the sources of data to inform this policy? | |

Part 4

| | | |
|---|---|--|
| a | Other diversity observations noted in this policy | |
| b | Language | |
| c | Format | |

Part 5

| |
|--|
| Changes proposed by the panel (including any comments from document owner) |
| |

Part 6

| | Signature | Date |
|--------------------------------------|-----------|------|
| Chair (to confirm meeting) | | |
| Owner (to confirm changes) | | |
| Document Control (to confirm update) | | |

cc HR, Quality