





Document:	
Division:	
Document owner position:	
Authorising committee:	
Date authorised:	



Date document first published:	
Date of last revision:	
Date of next review:	

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Document Title			
Name of person completing equality impact assessment:			
Date equality impact assessment completed:			
Characteristics	Impact		Equality Impact Assessment form completed?
	Yes	No	
Age			
Disability			
Ethnicity			
Gender			
Religion or belief			
Sexual orientation			
Socio-economic			
Gender Reassignment			
Maternity/Pregnancy			

What is the main purpose or aims of the policy

Who will be the beneficiaries of this policy?

Has the policy been explained to those it might affect directly or indirectly?

Have you consulted on this policy?

# Document change log

Description of change	Change made by	Date document republished