APPENDIX 1 - INITIAL SCREENING TOOL

Title of policy/service/function/procedure/programme/ or strategy being assessed: Statutory Checks TP068

| Is it new 🗆 or revised 🗵 | | |
|--|--|--|
| (If revised, please attach a copy of the | e original Equality Analysis.) not available | |
| Senior Manager Responsible | DDO Jason Killens | |
| Department | Operations | |
| | | |
| Section EQUALITY ANALYSIS SCREENING | • - | he project team members who carried out this itical friend). |
| Section EQUALITY ANALYSIS SCREENING | | · · |
| Section EQUALITY ANALYSIS SCREENING initial screening with you and their role | TEAM (Please enter below the names of the in the screening (e.g. team colleague or cr | itical friend). |
| Section EQUALITY ANALYSIS SCREENING initial screening with you and their role Name | TEAM (Please enter below the names of the in the screening (e.g. team colleague or cr | ritical friend). |
| Section EQUALITY ANALYSIS SCREENING initial screening with you and their role Name Jason Killens | TEAM (Please enter below the names of the in the screening (e.g. team colleague or creening (e.g. t | Role DDO |
| Section EQUALITY ANALYSIS SCREENING initial screening with you and their role Name Jason Killens Ricky Lawrence | TEAM (Please enter below the names of the in the screening (e.g. team colleague or creening (e.g. t | Role DDO Equality and Inclusion Officer |
| EQUALITY ANALYSIS SCREENING initial screening with you and their role Name Jason Killens Ricky Lawrence Craig Harman | TEAM (Please enter below the names of the in the screening (e.g. team colleague or creening (e.g. t | Role DDO Equality and Inclusion Officer OCM |
| EQUALITY ANALYSIS SCREENING initial screening with you and their role Name Jason Killens Ricky Lawrence Craig Harman Chris Doyle | TEAM (Please enter below the names of the in the screening (e.g. team colleague or creening (e.g. t | Role DDO Equality and Inclusion Officer OCM Staff Officer |

| Ple | ase sumr | narise be | low the | aims a | and ob | iectives | of this | policy/s | ervice/functio | n etc. i | includina : | any int | ended | outcomes |
|-----|----------|-----------|---------|--------|--------|----------|---------|----------|----------------|----------|-------------|---------|-------|----------|
| | | | | | | | | | | | | | | |

| To provide guidance on legal checks drivers must undertake before driving a vehicle on the roads. | | | | | | | |
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Please state below who is intended to benefit from this policy/service/function etc. and in what way.

| The Trust and their staff. | | - | |
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Please state in the table below whether the policy/service/function etc. could have any potential impact on anyone from a "protected characteristic" group, whether service users, staff or other stakeholders

| "Protected Characteristic Group" | Is there likely to be a positive or neutral impact in regard to: | If the impact is adverse, can this be justified on the grounds of promoting equality of opportunity for a "protected characteristic" group or for another reason? |
|-------------------------------------|--|---|
| Age | Neutral | |
| Disability | Neutral | |
| Gender Reassignment | Neutral | |
| Marriage and Civil | Neutral | |
| Partnership | | |
| Pregnancy and Maternity | Neutral | |
| Race | Neutral | |
| Religion or Belief | Neutral | |
| Sex | Neutral | |
| Sexual Orientation | Neutral | |

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| activities | rovide and summarise below any relevant evidence for your declaration above, including any engagement = this could include for example the results of specific consultations, complaints or compliments, custome ion or other surveys, service monitoring and take-up, comments from stakeholders and demographic data. |
| N/A | and the second s |

If yes, please state below how you intend to acquire this evidence and your timescales for doing so.

| N/A | | |
|--|---|--|
| characteristic" group, which is not le | nalysis if you have identified a positive or neg egal or justifiable or if you have identified any yould be adverse impact. Please insert below ull Equality Analysis. | gaps in evidence which make it difficult |
| N/A | | |
| | or positive impact on any "protected characte ector sign off this form, a copy stored on the the Trust's website. | |
| JASON ICIUS NA Name of Director: | Signature: | Date: |