

# Equality Impact Assessment Form

Department/Section: HR&OD

Date of Assessment: 05/09/2024

Review Due: Sep 2026

Author/Owner: Reviewed by HSW Advisor

Signature: I Bow

Date: 12/09/2024

## Step 1

Aim of proposed activity/decision/new or revised policy or procedure: Review of the Smoking Policy as per guidelines	<b>New</b>	<input type="checkbox"/>
	<b>Revised</b>	<input type="checkbox"/>
	<b>Existing</b>	<input checked="" type="checkbox"/>

<b>Who will be affected?</b> Staff, students, visitors, contractors, members of the public	<b>Who will be consulted?</b> Health and Safety Committee	<b>Evidence available:</b> Review by Policy and Procedures Group of the Health and Safety Committee
---	--	--

<b>Step 2 – Potential</b> Positive/Negative/Neutral Impact Identified. (P, N, N/I)	Age	Disability	Gender Reassignment	Marriage/ Civil Partnership*	Pregnancy and Maternity	Race	Religion or Belief	Sex	Sexual Orientation
Eliminating Discrimination.	N/I	N/I	N/I	N/I	N/I	N/I	N/I	N/I	N/I
Advancing Equality of Opportunity.	N/I	P	N/I	N/I	P	N/I	N/I	N/I	N/I
Promoting Good Relations.	N/I	P	N/I	N/I	P	N/I	N/I	N/I	N/I

<b>Step 3 – Action to be taken.</b>	<b>Summary of EIA Outcome – please tick</b>	
	No further action to be carried out.	<input checked="" type="checkbox"/>
	Amendments or changes to be made.	<input type="checkbox"/>
	Proceed with awareness of adverse impact.	<input type="checkbox"/>
	Abandon process – Stop and Rethink.	<input type="checkbox"/>

<b>Date EQIA Approved:</b> 12 September 2024	<b>Approved by:</b> K Lees
--	----------------------------

Please forward completed EQIA forms by e-mail to: [pc.equality.perth@uhi.ac.uk](mailto:pc.equality.perth@uhi.ac.uk)