## **Equality Impact Assessment Form**

| Department/Section: HR and Orga   | nisationa | al Developm   | ent                                | Date of Ass                        | essm                | ent: 1   | 0/10/202 | 24                   | Revi         | iew Due:      |               |
|---|-----------|---------------|------------------------------------|------------------------------------|---------------------|----------|----------|----------------------|--------------|---------------|---------------|
| Author/Owner: Katy Lees (Director   | of HR a   | nd OD)        | Signature:                         | K Lees                             |                     |          |          |                      | D            | ate: 10/1     | 0/2024        |
| Step 1  |           |               |                                    |                                    |                     |          |          |                      |              |               |               |
| Aim of proposed activity/decision/ne  |           |               | •                                  | •                                  |                     |          | •        |                      | e   <b>N</b> | lew           |               |
| Equality Act 2010 of the Travel and   |           | ance Policy v | which outlines U                   | HI Perth's pro                     | cedure              | e in the | manag    | ement of the         | R            | Revised       | ✓             |
| Staff Travel and Subsistance for sta  | Ш         |               |                                    |                                    |                     |          |          |                      | E            | xisting       |               |
| Who will be affected? Staff   |           | _             | I be consulted?<br>sed Trade Union |                                    |                     |          | dence a  | vailable:<br>eetings |              |               |               |
| Step 2 – Potential Positive/Negative/Neutral Impact Identified. (P, N, N/I) | Age       | Disability    | Gender<br>Reassignment             | Marriage/<br>Civil<br>Partnership* | Preg<br>and<br>Mate | nancy    | Race     | Religion or Belief   | Sex          | Sexu<br>Orier | al<br>Itation |
| 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       | N/I           | N/I                                | N/I                                | N/I                 |          | N/I      | N/I                  | N/I          | N/I           |               |
| Promoting Good Relations.   | N/I       | N/I           | N/I                                | N/I                                | N/I                 |          | N/I      | N/I                  | N/I          | N/I           |               |
| Step 3 – Action to be taken. N/A  |           |               |                                    |                                    | -                   |          |          | A Outcome            |              |               | Τ.            |
|   |           |               |                                    |                                    | -                   |          |          | n to be carrie       |              |               | <b>√</b>      |
|   |           |               |                                    |                                    | A                   | .mendr   | ments or | changes to l         | oe ma        | ıde.          |               |

| Date EQIA Approved:         November 2024         Approved by:         Katy Lees, Director of HR and Organisational Development |
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Please forward completed EQIA forms by e-mail to: pc.equality.perth@uhi.ac.uk



Proceed with awareness of adverse impact.

Abandon process – Stop and Rethink.