Equality Impact Assessment Screening Form

Please ensure that you refer to the Screening Form Guidance while completing

	ou would li	ke further gu	idance ple	ase contac	t your directorate		
Section 1	i or the Acc	cess to dervi	ces team (s	ee galaane	e for details).		
Which service area and directorate are you from?							
	Service Area: Highways & Transportation						
Directorate: Place							
Directorate: 11	400						
Q1(a) WHAT	ARE YOU SO	CREENING F	OR RELEV	ANCE?			
Service/	Policy/						
Function	Procedure	Project	Strategy	Plan	Proposal		
		\boxtimes					
(b) Please I Active Travel F		escribe belo 18/19	w				
Q2(a) WHAT [OES Q1a F	RELATE TO?					
Direct fr	ont line	Indirect front line		Indirect back room			
service (delivery	service delivery		service delivery			
_			_		_		
	◯ (H)		☐ (M)		☐ (L)		
(b) DO YOU	IR CUSTON	IERS/CLIENT	S ACCESS	THIS?			
Because they	1	ause they	I .	ise it is	On an internal		
need to [°]		, ,		y provided to	basis		
			everyone in	•	i.e. Staff		
⊠ (H)		⊠ (M)			│		
Q3 WHAT IS	S THE POTI	ENTIAL IMP <i>A</i>	ACT ON THE	E FOLLOWI	NG		
			Medium Impac				
		Ğ(Η)	(M) ·	(L)	(H)		
Children/young people (0-18)					Ì		
Any other age group (18+)				\boxtimes			
Disability				\boxtimes			
Gender reassignment							
Marriage & civil partnership \(\bigcup \)							
Pregnancy and maternity				\boxtimes			
Race				\boxtimes			
Religion or (non-)belief							
Sex \square							
Sexual Orientation							
Welsh Language							
Poverty/social exclusion							
Carers (inc. young	,	▶ ∐		\boxtimes			
Community cohesi	on	<u> </u>					
-		OU UNDER'T RELATING			ONSULTATION		
	□ N	- •		_	ou should be undertaking see the guidance)		
If you place	aravida dat		i ana engayei	nent – piease	oce the guidance		
If yes, please provide details below The design and development of the schemes will be subject to public consultation,							
with particular attention afforded to the disability and access groups to ensure that							
•			•	_	•		
accomodated.	the needs of those represented by these groups are accounted for and accomodated.						

Equality Impact Assessment Screening Form Q5(a) HOW VISIBLE IS THIS INITIATIVE TO THE GENERAL PUBLIC?

~- (<i>)</i>	High visibility ⊠(H)	Medium visibility (M)	Low visibility				
(b)	_	HAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION? onsider the following impacts – legal, financial, political, media, public reption etc)					
	High risk ☐ (H)	Medium risk ☑ (M)	Low risk ☐ (L)				
Q6	Will this initiative have an impact (however minor) on any other Council service?						
	⊠ Yes □	The sche	wide details below eme will result in additiona maintain (by the Highways Maintenance Team)				
Q7	HOW DID YOU Please tick the re						
MOS1	ΓLY Η and/or Μ ⁻	ightarrow High Priority $ ightarrow$	☐ EIA to be completed Please go to Section 2				
MOST	rly l →	LOW PRIORITY / -> NOT RELEVANT	Do not complete EIA Please go to Q8 followed by Section 2				

Q8 If you determine that this initiative is not relevant for a full EIA report, you must provide adequate explanation below. In relation to the Council's commitment to the UNCRC, your explanation must demonstrate that the initiative is designed / planned in the best interests of children (0-18 years). For Welsh language, we must maximise positive and minimise adverse effects on the language and its use. Your explanation must also show this where appropriate.

If approved, the projects will consider their equality impacts more fully at the appropriate design stages when they will be screened in their own right. These transport infrastructure projects will all serve to improve public amenity, connectivity and access and will be the subject of consultation as appropriate. Close consultation with local disability and access groups will be undertaken to ensure accessibility for all.

Appendix D

Equality Impact Assessment Screening Form

Section 2

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email – no electronic signatures or paper copies are needed.

Screening completed by:
Name:
Job title:
Date:
Approval by Head of Service:
Name:
Position:
Date:

Please return the completed form to accesstoservices@swansea.gov.uk