**EQUALITY IMPACT ASSESSMENT (EQIA) TO ACCOMPANY AN APPLICATION FOR A RECRUITMENT AND RETENTION PREMIUM OR AN APPLICATION TO RENEW A RECRUITMENT AND RETENTION PREMIUM (RRP)**

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| NHS Board |  |
| Post Title |  |
| Post Pay Band |  |
| Number of Posts Covered |  |
| Short or Long Term RRP |  |
| Suggested Value of RRP |  |
| EQIA Carried Out By |  |
| Briefly describe the RRP being applied for, the reasons for the application and the intended benefits: |
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The General Duty of the Equality Act 2010 requires that you have due regard to the need to:

* eliminate unlawful discrimination, harassment and victimisation;
* advance equality of opportunity between different groups; and
* foster good relations between different groups.

In fulfilling the above requirements, you should consider the Positive Impact, Negative / Adverse Impact or Neutral Impact in respect of key “protected characteristics” and record the results on the table provided.

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| --- | --- | --- | --- | --- |
| What impact do you expect the RRP to have on the following “protected characteristics’?  | Positive | Adverse/Negative | Neutral | CommentsProvide any evidence that supports your answer for positive, negative or neutral. |
| Age |  |  |  |  |
| Sex (male/female) |  |  |  |  |
| Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment) |  |  |  |  |
| Gender Reassignment  |  |  |  |  |
| Marriage and Civil partnership  |  |  |  |  |
| Pregnancy and Maternity |  |  |  |  |
| Race/Ethnicity |  |  |  |  |
| Religion/Faith |  |  |  |  |
| Sexual orientation  |  |  |  |  |

* For each of the equality characteristics, you should provide statistics on the makeup of the workforce you are seeking to target, where known.
* Add additional lines, as necessary, for any other characteristics you feel are relevant to the equality issues surrounding this RRP.

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| Please use this space to set out how you plan to address any Adverse / Negative impacts identified by you assessment: |
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| **Signature of Chief Executive:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of Employee Director:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**  |