

## Equality Impact Screening (EMPLOYMENT)

Working in partnership for a safer Glasgow

1. SUMMARY INFORMATION			
Name of policy / project:	Code of Practice on the Employment of Disabled Persons		
What is the aim or purpose of the policy / project?	To ensure that disabled people are afforded equality of opportunity		
	in respect of entering and continuing employment with the Company.		
Who is affected by this policy / project?	Applicants who apply for employment with the Company and		
	existing employees who have or develop a disability		
Who is responsible developing this policy or delivery of this project?	The Human Resources Section		

2. INITIAL SCREENING QUESTIONS – DOES THIS POLICY / PROJECT:		
Introduce a new policy or amends an existing policy affecting employees?	Yes	No
Involve a change of departmental or Company structure?	Yes	No
Involve a reduction or increase in workforce?	Yes	No
Change employee's terms and conditions	Yes	No
Change employee's working hours?	Yes	No
Change employee's work location?	Yes	No
Change aspect of employee's physical work environment?	Yes	<mark>No</mark>
Introduces new or amends existing working practices for employees?	Yes	<mark>No</mark>

3. EQUALITY ACT 2010 SCREENING QUESTIONS			
Question	Protected Characteristic	Potential Impact	
<ol> <li>Will this policy or decision impact on</li> </ol>	Age	None	
each of the groups shown opposite in	Disability	Yes – it will ensure that the working environment does not prevent	
different or particular ways?		disabled people form taking up employment or continuing in	
		employment with the Company	
If yes please provide detail in the end	Gender Reassignment	None	
column.	Pregnancy & Maternity	None	
	Race	None	
	Religion or Belief	None	
	Sex (Gender)	None	
	Sexual Orientation	None	
	Employees with Caring	None	
	Responsibilities		



Full Time Employees	None
Part Time Employees	None

Question	Protected Characteristic	Potential Impact
	Age	None
	Disability	No – the purpose of this code is ensure there is no unlawful
		discrimination or harassment of disabled people
2. Is there a risk that any part of this	Gender Reassignment	None
policy or decision could cause	Pregnancy & Maternity	None
discrimination to any of the groups	Race	None
opposite?	Religion or Belief	None
	Sex (Gender)	None
If yes please provide detail in the end	Sexual Orientation	None
column.	Employees with Caring	None
	Responsibilities	
	Full Time Employees	None
	Part Time Employees	None
Question	Three needs of Equality Act	Potential Impact
	2010	
	Eliminate unlawful	By highlighting the Company's commitment to ensuring there is no
	discrimination, harassment and	unlawful discrimination or harassment of disabled people.
	victimisation and other conduct	
	that is prohibited by the	
	Equality Act 2010?	Decree 2 and Parallel decreeds have a three control of 20 and a state of
	Advance equality of opportunity	By ensuring disabled people have the same opportunities as other
	between people who share a	staff to develop their full potential.
2. How can this policy or decision halp us	relevant protected	
· ·		
10.		Dy promoting positive attitudes and raising awareness of disability
		throughout the Company.
	Hot:	
How can this policy or decision help us to:	characteristic and those who do not?  Foster good relations between people who share a protected characteristic and those who do not?	By promoting positive attitudes and raising awareness of disability throughout the Company.



4. CON	4. CONCLUSION			
4.	Should you proceed to a full EEqIA for this policy or decision?  Please provide a brief statement explaining why you have made this decision.	Yes  No changes have been made to existi	No ng code arrangements.	
5.	Did you identify anything in questions 1. 2 or 3 which you have incorporated into the policy development or project plan?  If yes, please provide a brief statement about this opposite.	No.		
6.	Have you identified anything which is likely to change during the implementation stages of the project or policy development which would result in your reviewing this screening?  If yes, please provide a brief statement opposite.	No.		

5. SCREENING SIGN OFF			
Responsibility	Print Name	Signature	Date
Lead Officer	Pamela Carruthers	P.Carruthers	28.10.2014
Human Resources Manager	Paul McGaulley	Pau Meanligy	28.10.2014

