



Relationships and Sex Education (RSE) and Health Education



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Document equality impact assessment – part A

Document Title			
Name of person completing equality impact assessment:			
Date equality impact assessment completed:			
Characteristics	Impact		Equality Impact Assessment form completed?
	Yes	No	
Age			
Disability			
Ethnicity			
Gender			
Religion or belief			
Sexual orientation			
Socio-economic			
Gender Reassignment			
Maternity/Pregnancy			
Marriage/Civil Partnership			

Equality target group	a) Positive impact		b) Negative impact		Reason/comment
	High	Low	High	Low	

What is the main purpose or aims of the policy	
Who will be the beneficiaries of this policy?	
Has the policy been explained to those it might affect directly or indirectly?	
Have you consulted on this policy?	
What are the expected outcomes of this policy?	
Name of person completing equality impact assessment:	