

## Community Asset Transfer Scheme Equality Impact Assessment



Questions marked with (\*) are mandatory.

1. Information			
		1.1 What are the demographics of the people who use the asset currently or when it was last operational (including staff)?  Only complete the rows which are relevant and proportionate to the asset.	*1.2 What are the demographics of the local area where the asset is situated?  Only complete the rows which are relevant and proportionate to the asset.
A	Age		
B	Disability / long term health condition		
C	Ethnicity		

D	Gender		
E	LGBT+		
F	People living in rural areas		
G	Pregnant women or those who've recently given birth		
H	Religion / belief		
I	Unpaid carers		
J	Other (please specify any relevant groups of people who are not represented by the categories above)		

1.3 Please describe the feedback from any community consultation you have done, which relates specifically to the views of people identifying with any of the characteristics above.

If you require advice when preparing your equality impact assessment form, please contact: [equality@eastdunbarton.gov.uk](mailto:equality@eastdunbarton.gov.uk)

2. Impact				
		*2.1 In relation to your answers at questions 1 - 3 and thinking about your proposals for the asset, what are the possible positive, adverse or neutral impacts on groups of people in relation to the characteristics below.		
		Possible positive impact / benefits	Possible adverse impact / risks	Neutral impact (✓)
A	Age			
B	Disability / long term health condition			
C	Ethnicity			

D	Gender			
E	LGBT+			
F	People living in rural areas			
G	Pregnant women or those who've recently given birth			
H	Religion / belief			
I	Unpaid carers			
J	Other (please specify any relevant groups of people who are not			

	represented by the categories above)			
K	Cross Cutting			
2.2. How will this asset transfer affect relations within and across communities? (add more rows as necessary)				
Possible positive impact / benefits			Possible adverse impact / risks	

<b>3. Actions</b>			
	Thinking about all the possible impacts you have identified in this form, please list any actions you will take to: i) avoid possible adverse impact; and ii) encourage and promote possible positive impact		
	What	Who	When
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			

<b>*4. Completion</b>	
Name	
Date	

#### Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Corporate Communications Team at 12 Strathkelvin Place, Kirkintilloch, G66 1TJ, tel 0300 123 4510

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا درخواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhith oirbh. Cuiribh fòn gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज़ हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फ़ोन कीजिए।

