

## **Assessing Equality – The Equality Act 2010**

## **Customer Impact Assessment**

Name and brief description of policy being analyse
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## **Eye Test**

This policy sets out Fenland District Council's approach to eye tests for employees that are habitual users of Display Screen Equipment (DSE) and those who are required to drive for work purposes.

## Information used for customer analysis

The policy itself, best practice, ACAS guidelines, XpertHR, appropriate legislation, consultation with MTSP, CMT, colleagues and HR team. Where appropriate Staff Committee.

	Could particularly benefit	Neutral	May adversely impact	Explanations	Is action possible or required?	Details of actions or explanations if actions are not possible  Please note details of any actions to be placed in your Service Plan
Race				The policy sets out who is eligible for a free eye test through the Council. The	N	
Sex				criteria enable all staff to get a free eye test. Not singling out any groups or	N	
Gender reassignment				individuals.	N	
Disability					N	
Age					N	
Sexual orientation					N	
Religion or belief					N	
Pregnancy & maternity					N	
Marriage & civil partnership					N	





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Human Rights				No known impact	N				
Socio Economic				No known impact	N				
Multiple/ Cross Cutting				No known impact	N				
Outcome(s) of customer analysis									
a) Will the policy/ procedure impact on the whole population of Fenland and/ or identified groups within the population; negative $\Box$ neutral $\blacksquare$ positive $\Box$									
No major change needed ■	Adjust the policy $\square$ A			Adverse impact but continue □	Sto	p and remove / reconsider policy $\Box$			
Arrangements for future monitoring:									
Review with service managers as and when required for advice to ensure no negative impacts.									
Details of any data/ Research used (both FDC & Partners):									
Completed by:									
Name: Ross Potter									
Position: HR, Payroll & Learning Admin Apprentice									
Approved by (manager signature):				Date published:					
Details of any Committee approved by (if applicable):				Date endorsed by Members if a	oplicable:				