**Equality check list for COVID 19 projects/ policies:**

1. **Details about your project/ policy:**

|  |  |
| --- | --- |
| **Name of project/policy:** |  |
| **Interdependencies with other piece of work:** |  |
| **Who do you think you may need to discuss this initiative with?** |  |

1. **Have you considered the high level implications on the following protected characteristics?**

|  |  |  |
| --- | --- | --- |
| **Protected characteristics**  | **Yes/ No** | **Comments** |
| Age. |  |  |
| Disability. |  |  |
| Gender Reassignment. |  |  |
| Race. |  |  |
| Religion and Belief.  |  |  |
| Sex. |  |  |
| Sexual Orientation. |  |  |
| Pregnancy and Maternity. |  |  |
| Marriage and civil partnership.  |  |  |

1. **Your notes:**

|  |
| --- |
|  |