

## Part 1: Description/Consultation

Date of Assessment: 9 January 2017
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Title of document being assessed: TB15 Strategic Transportation Airport Commercialisation
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1.

protected characteristic groups on the impact of the proposed policy?

(Example: if the impact on an individual or group is not known what will you do to gather the information needed and when will you do this?)

Stage one: Rapid Impact Assessment

**Part 2: Protected Characteristics**

<b>TB15 Strategic Transportation Airport Commercialisation</b>				
Protected Characteristic	Positively	Negatively	No Impact	Not Known
Age			x	
Disability			x	
Ethnicity			x	
Gender			x	
Gender reassignment			x	
Marriage and Civil Partnership			x	
Pregnancy & Maternity			x	
Religion			x	
Sexual Orientation			x	

policy or practice, providing information in community languages etc.)	
<p><b>4.</b> Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	Financial position of Council to achieve savings in budget over period 2018/21.
<p><b>5.</b> Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required.)</p>	No
<p><b>6.</b> How will the policy be monitored?</p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	At Corporate level through budget process.

#### Part 4: Contact Information

<b>Name of Department : Development &amp; Infrastructure</b>
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<b>Manager Responsible</b>
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<b>Name:</b> Moya Ingram
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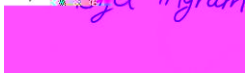
<b>Designation:</b> Strategic Transportation Manager
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<b>Email:</b> moya.ingram@argyll-bute.gov.uk
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**Signature Lead Officer:**

**Date:** 9.01.18

*M. Ingram*  


**Signature of Director/Head of Service:**

**Date:**

**Name of Director/Head of Service:**

**Date of Next Policy Review:**