**Techne Event Equalities Impact Assessment:**

*This assessment aims to help organisers of events consider what attendees need to participate fully and equally in a given session/workshop etc. Inequalities are often not overt or intentional, but this does not mean that they do not need to be addressed.*

Preliminary Information:

|  |  |
| --- | --- |
| **Proposed Event Title** |  |
| **Lead Organiser:** |  |
| **What is the purpose of the event?***(150 words max)* |  |

Impact on Different Groups and Action Taken

*Think about the arrangements you have made or intend to make to host this event. Are there any potential factors or issues which could impact staff and/or students and require mitigation or alteration to advance equality, diversity and inclusion and ensure that all attendees can participate fully? If there are no identified concerns, please indicate this in the relevant field.*

*This could include the accessibility of the venue, the need for particular catering arrangements or the availability of private space for prayer / expressing milk, amongst other factors.*

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| --- | --- | --- | --- |
| **Protected Characteristic** | **Potential Negative Impact?** | **If so, please explain***(Give examples of any evidence/data used)* | **Action taken to address negative impact.** |
| Age: |  |  |  |
| Disability: |  |  |  |
| Ethnicity: |  |  |  |
| Gender Identity: |  |  |  |
| Sexual Orientation: |  |  |  |
| Religion and Belief: |  |  |  |
| Pregnancy and Maternity: |  |  |  |
| Marriage / Civil Partnership: |  |  |  |

Evidence Gathering and Engagement:

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| --- | --- |
| **What evidence has been used for this assessment?** *(E.g., national statistics, prior feedback forms, anecdotal information)* |  |
| **Who have you engaged with or spoken to as part of your assessment?** |  |
| **If there is a specific ethical framework, knowledge or practice that has informed your approach, please share it here. This will help inform the EDI work of techne and techne partners** |  |
| **How will you evaluate your event in terms of equalities?** |  |

|  |  |
| --- | --- |
| **Name of Person(s) carrying out the assessment:** |  |
| **Date of this Assessment:** |  |

*Please submit this document as an attachment alongside your main application to* *techne@rhul.ac.uk**.*