

**Screening, Prioritisation and Equality Impact Assessment  
(Course Closure)**

**Section 1**

**1. Title of Course(s) to be withdrawn**

**2. What are the main aims and objectives of the course?**

(Identifying the aims and objectives of a course may help identify any groups who may be adversely affected. For example, is it aimed at a particular audience or provide training in a specialist field of particular interest to a specific group?)

**3. What is the profile of registered students over the past five years in terms of gender, ethnicity, age and disability?**

**4. What is the profile of applications over the past five years in terms of gender, ethnicity, age and disability?**

**5. Who are the other stakeholders (in addition to those listed in 3 and 4) in relation to this course (for example, the Funding Councils, UCAS, PSRBs local communities, other Schools or departments within UEA, other strategic partners)?**

## Section 2

1. Are the different groups taking the course likely to have different needs, experiences, issues and priorities in relation to it?
2. Are there any indications of higher or lower application, participation or success rates for this course for members of these groups?
3. In the light of the above, are there any likely or potential differences in the way in which the withdrawal of the course(s) will impact upon these different groups?

<b>Group characteristic:</b>	<b>Yes, No or Not Known</b>	<b>Please elaborate (and give examples of any evidence or data used)</b>
Age		
Disability		
Gender Identity		
Ethnicity		
Religion or Belief		
Sexual orientation		
Socioeconomic class		

**4. To what extent does the withdrawal of this course have the potential to meet or hinder the policies, values or objectives of the University with regard to equality of opportunity?**

High potential

Moderate potential

Low potential

None

**Please elaborate:**

**Based on the information above, indicate whether a full impact assessment is recommended:**

Yes

No

**Please outline your reasons below:**

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**What priority do you assign to this impact assessment?**

High

Medium

Low

**Completed by:**

**Date:**

**Validated by:**

**Date:**

Follow up Action Required	Completion date	Person Responsible