

## Scottish Borders Council

## **Equality Assessment 2019**

(Please note that this will be published on SBC website after redaction of any personal details in box 2.)

| 1.     | Title of the event:       |   |
|--------|---------------------------|---|
| (Pleas | se enter the name of the  | Festival/Common Riding/Event)   |
| 2.     | Contact details:          |   |
|        | Name:                     |   |
|        | Address:                  |   |
|        | E-mail:                   |   |
|        | Phone No:                 |   |
|        |                           |   |
| (Pleas | se enter main contact det | ails: name, postal address — including post code and telephone number(s) landline and mobile (if applicable)  |
| 3.     | Description:              | Describe the overall aim of the entire Festival/Common Riding Event(s)  |
|        |                           | <ol> <li>List here all the event(s) that the Festival/Common Riding Committee are responsible for/and or/play a part of.<br/>(Please continue on a separate sheet if required)</li> </ol> |
|        |                           |   |

| 4. | The Equality Duty 2010 and funding Community Events  |  |  |  |  |
|----|--|--|--|--|--|
|    | When granting funding, SBC must be certain that events meet the requirements of the general duties under the Equality Act 2010.  |  |  |  |  |
|    | These duties are to:   |  |  |  |  |
|    | Eliminate discrimination (both direct & indirect), victimisation and harassment on the identified groups.  |  |  |  |  |
|    | Promote equality of opportunity between the identified groups.   |  |  |  |  |
|    | Foster Good relations between the identified groups  |  |  |  |  |
|    |  |  |  |  |  |
|    | The identified groups are people who share one of the following characteristics:   |  |  |  |  |
|    | Age  |  |  |  |  |
|    | Disability   |  |  |  |  |
|    | Gender Reassignment  |  |  |  |  |
|    | Marriage/ Civil Partnership  |  |  |  |  |
|    | Race   |  |  |  |  |
|    | Religion/ belief   |  |  |  |  |
|    | Sex  |  |  |  |  |
|    | Sexual Orientation   |  |  |  |  |
|    |  |  |  |  |  |
|    | Put simply this means that funding is allocated fairly and everyone has the opportunity to participate in events that are safe from unacceptable   |  |  |  |  |
|    | behaviour and free from discrimination, and non - justified restrictions on participation.   |  |  |  |  |
| 5. | Relevance to the Equality Duty.  |  |  |  |  |
|    | To demonstrate that your event meets the above requirements you are asked to complete the following questions. Where relevant please submit evidence to support the statements that you are making. This evidence can include press or social media notices. (Please continue on a separate sheet if required) |  |  |  |  |
|    | Yes/No   |  |  |  |  |
|    |  |  |  |  |  |

| <ul> <li>(a) Will people from any of the specified groups be prevented from taking part in or attending any of your event(s)</li> <li>(b) Will people from any of the specified groups be restricted in what they can do at any of your event(s)</li> </ul> |                          | If the answer is yes to either or both of (a) or (b), please provide the following details: |  |  |
|---|--------------------------|---|--|--|
| Event   | What is the Restriction? | Do you believe there is a justification for this restriction?  If so what?                  |  |  |
|   |                          |   |  |  |

| 6 | In order to encourage people to fully participate there needs to be a reass unacceptable behaviours from others. | surance that those who choose to participate will not be subjected to   |
|---|--|---|
|   |  | Please state your answers here. This can include press or social media notices. (Please continue on a separate sheet if required) |
|   | What steps do you take to encourage participation from people in all the specified groups?                       |   |
|   | What steps as a Committee will you take in advance of the events to prevent unacceptable behaviour?              |   |

| What steps will you take to deal with unacc     | ceptable behaviour if it occurs? |                      |   |   |
|---|----------------------------------|----------------------|---|---|
| 7. Please complete the following declaration of | of commitment:                   |                      |   |   |
|   | one on grounds of age, disabil   | ity, gender, marital |   | ŗ |
| based on discriminatory views and will take st  |                                  |                      | · |   |
| Completed By                                    |                                  |                      |   |   |
| Name  | (                                | Organisation         |   |   |
| Position  | 1                                | Date                 |   |   |
|   |                                  |                      |   |   |
| For SBC use only:                               |                                  |                      |   |   |
| ,   |                                  |                      |   |   |
| Checked by:                                     |                                  |                      |   |   |
| Approved by:                                    |                                  |                      |   |   |
| Date:   |                                  |                      |   |   |