

Equality and Diversity Impact Assessment Registration Form

Project Details:	
Project Name: (please provide full title) Management of patients with stroke: Assessment, investigation, immediate management and secondary prevention	
Unit: SIGN	Name of person responsible for EQIA Roberta James
Project Entity: Policy <input type="checkbox"/> Function <input type="checkbox"/> Output <input checked="" type="checkbox"/>	Scope: Internal <input type="checkbox"/> External <input checked="" type="checkbox"/>
Status: New <input type="checkbox"/> Existing <input checked="" type="checkbox"/> Proposed <input type="checkbox"/>	Review Date: 1/12/11
Project Number: QPDG0091	Work Theme: heart disease and stroke
Equality and diversity impact assessment details	
Target Quarter:	Planned publication date: 16/12/08
Checklist planned start date: 25/4/08	Contact name: Roberta James
RIA planned start date:	FIA planned start date:
Further Information:	
EQIA reference number (to be added by Equality and Diversity Officer and the EQIA number confirmed to person registering EQIA):	Date registered:

