

## Community Impact Assessment Form

Name and description of project, policy or service	
Identifying the impact of this project, policy or service on the community and environment	
	<p><b>Questions to explore:</b>            What positive impact will your project, policy or service have?            What negative impact will your project policy or service have?            How will you ensure any negative impact is limited?            What is the impact of doing nothing?</p>
<p><b>On the community in general</b>            e.g. social or economic benefits,            negative impacts</p>	
<p><b>On the council as an organisation</b>            e.g. on staff, services or assets</p>	
<p><b>On the protected characteristics</b>            Age, disability, gender            reassignment, marriage and civil            partnership, pregnancy and            maternity, race, religion or belief,            sex, sexual orientation            (Specify where impacts are different            for different characteristics)</p>	
<p><b>On the environment</b>            e.g. effects on the climate, trees,            amenity space, biodiversity, water,            energy, waste, material use, air            quality</p>	
<p><b>On the specific target community /            location</b>            e.g. if the project is based in a            specific area or targeted community            group</p>	

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Outline the approach you took to identify the need for this project, policy or service. Please include use of research, data and consultation with residents and/or staff.

Which commitment(s) does this policy, project or service support from the Equality and Diversity CIH Charter Housing Framework? More information here [www.cih.org/equalityanddiversitycharter](http://www.cih.org/equalityanddiversitycharter)



CIH Equality & Diversity Charter Fra

How will you review the impact, positive or negative once the project, policy or service is implemented?

Action	By when	By who

**Completed by:**

Name:

Role:

Date:

**Reviewed and signed off by relevant Group Manager:**

Name:

Role:

Date: