CUNNINGHAME HOUSING ASSOCIATION LTD
EQUALITY IMPACT ASSESSMENT FORM

1. Information	
Document/Policy/ Strategy being created or updated	Health & Safety Policy
Purpose of creation or update / Executive Summary:	Review

2. Protected Characteristics	
	Commentary on impact. Positive/neutral/negative as well as mitigations
Age	None
Disability	None
Gender identity/ reassignment	None
Marriage/civil partnership	None
Pregnancy/ maternity	None
Religion or Belief	None
Race	None
Sex/Gender	None
Sexual Orientation	None
Other	

3. Sign Off			
Lead Assessor:	John Scott		
Co- Assessor:			
Date initiated:	3/2/26		
Consultation:			
Research:			
Signature:		Date:	3-2-26