

## Demo Council

### Impact Equality™ Activity Report

Activity: xxxxxxxxxxxx

Directorate: xxxxxxxxxxxxxxxxxxxx

Activity type: xxxxxxxxxxxx

Activity Manager email	Email address					
Approved by						
Activity target outcome						
Relevant	Y/N					
Priority (1 to 5)	Gender	Race	Disability	Faith	Sexual Orientation	Age
Impact (H M L)	Gender	Race	Disability	Faith	Sexual Orientation	Age
Issue 1						
Issue 2						
Issue 3						
Issue 4						
Issue 5						
Issue 6						
Date action plan due to be completed						

Activity Manager – summary comments

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