

	National Certification Division	SCU/QR/07
Title:	Preliminary Information for GES Certification	Page 1 of 6

Preliminary Information for Gender Equality Seal Certification

Please fill out this Gender Equality Preliminary Information questionnaire if you are requesting for Certification of Gender equality. You must submit supporting documents .

For Certification requirements and policies, please consult the information provided by RSB website (www.rsb.gov.rw).

NOTE:

- ✓ The information given in reply to this questionnaire shall be treated confidentially.
- ✓ Supplements may be included where it is necessary to expand any statement.
- ✓ The statements given herein shall relate to the Gender equality system available at the time of completing the gender equality Preliminary Information
- ✓ This questionnaire must be completely filled out in order for your certification application to be considered by RSB.

SECTION I: GENERAL INFORMATION

No	ITEM
1	Name of the Organization
2.	Sex of the owner/leader of the organization Male: Female: Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Is your organization part of some larger organization? YES <input type="checkbox"/> No <input type="checkbox"/> If 'YES' give name of holding organization
4.	a. Number of employees in the organization

Revision:	00	Date of Approval:	6/05/2025
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	<p>Male: Female: b. Number of employees for the last three years Male: Female:</p>																
5.	<p>Number of employees per department (Attach additional document if applicable) a. Number of employees in the organization Male: Female: b. Number of employees for the last three years Male: Female:</p>																
6.	<p>Number of employees under these categories Permanent: Females.....Males..... Fixed term: Females..... Males..... Casual: Females.....Males.....</p>																
7.	<p>Company size: a. Micro <input type="checkbox"/> b. Small <input type="checkbox"/> c. Medium <input type="checkbox"/> d. Large <input type="checkbox"/></p>																
8.	<p>Annual turnover (RWF Francs):..... Please avail the document/proof</p>																
9.	<p>Tick as appropriate all the business activities in which your firm is involved.</p> <table border="0"> <tr> <td>Storage <input type="checkbox"/></td> <td>Manufacturing <input type="checkbox"/></td> <td>Education <input type="checkbox"/></td> <td>Agriculture <input type="checkbox"/></td> </tr> <tr> <td>Distribution <input type="checkbox"/></td> <td>Hotel/Catering <input type="checkbox"/></td> <td>Retail trade <input type="checkbox"/></td> <td>Handcrafts <input type="checkbox"/></td> </tr> <tr> <td>Fashion <input type="checkbox"/></td> <td>Mining <input type="checkbox"/></td> <td>Transport <input type="checkbox"/></td> <td>Storage <input type="checkbox"/></td> </tr> <tr> <td>Wholesale <input type="checkbox"/></td> <td>Communication <input type="checkbox"/></td> <td>Health <input type="checkbox"/></td> <td>Tourism <input type="checkbox"/></td> </tr> </table>	Storage <input type="checkbox"/>	Manufacturing <input type="checkbox"/>	Education <input type="checkbox"/>	Agriculture <input type="checkbox"/>	Distribution <input type="checkbox"/>	Hotel/Catering <input type="checkbox"/>	Retail trade <input type="checkbox"/>	Handcrafts <input type="checkbox"/>	Fashion <input type="checkbox"/>	Mining <input type="checkbox"/>	Transport <input type="checkbox"/>	Storage <input type="checkbox"/>	Wholesale <input type="checkbox"/>	Communication <input type="checkbox"/>	Health <input type="checkbox"/>	Tourism <input type="checkbox"/>
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Wholesale <input type="checkbox"/>	Communication <input type="checkbox"/>	Health <input type="checkbox"/>	Tourism <input type="checkbox"/>														

	Construction <input type="checkbox"/>	Financial institution <input type="checkbox"/>
	Other activities (please specify)	
10	Did you seek the assistance of a Consultant during the development of your gender equality system related documents? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If 'YES' which Consultancy association/individual?	
11	Which statutory and regulatory requirements are applicable to your organization? Kindly list the sections/subsections.	

CONTEXT OF ORGANIZATION

No	ITEM	MANAGEMENT FEEDBACK
12	Does the organization have an identified resourceful person to undertake gendered organizational diagnosis? If yes, Name..... Sex(F/M):..... Tel:..... email.....	
13	Has the organization conducted gendered organizational diagnosis? If yes, avail the diagnosis report	
14	Has the organization identified and mapped the stakeholders with potential effect on the promotion of gender equality? If yes, list of stakeholders	

LEADERSHIP

No	ITEM	MANAGEMENT FEEDBACK
15	Has the organization developed gender equality policy? If yes, avail the policy	
16	Does the organization have gender mainstreaming strategy? If yes, avail the strategy	
17	Does the organization have gender equality plan of action? If yes, avail the plan of action	

ORGANIZATION ROLES AND RESPONSIBILITIES

No	ITEM	MANAGEMENT FEEDBACK
18	Has the organization nominated gender equality committee? If yes, avail the list of the committee members	

PLANNING

No	ITEM	MANAGEMENT FEEDBACK
19	Has the organization established gender equality objectives? If yes, avail the documented objectives	
20	Does your organization have the plan to achieve them? Avail a plan to achieve them.	
21	Has the organization assessed potential risks to gender equality? If yes, avail the register	
22	Has your organization determined their mitigation measures for identified risks? If yes, avail the documented mitigation measures.....	
23	What are mechanisms in place for change of gender equality promotion within the organization?	

SURPORT

No	ITEM	MANAGEMENT FEEDBACK
24	Has your organization determined resources needed for gender mainstreaming activities? If yes identify the resources.....	

RECRUITMENT, SELECTION AND HIRING

No	ITEM	MANAGEMENT FEEDBACK
25	Does your organization have a Recruitment and hiring Policy/Strategy/guide which is free from gender-based discrimination? If yes, avail the evidence:.....	

PROFESSIONAL DEVELOPMENT AND PERFORMANCE

No	ITEM	MANAGEMENT FEEDBACK
26	Does your Organization have a Professional Development and Promotion Policy or Procedure? If yes, avail document.....	
27	How many males and females occupy the following positions Board of Directors: Females.....Males..... CEO/MDs: Females.....Males Head of departments: Females.....Males..... Others, please specify.....Females.....Males.....	

REMUNERATION

No	ITEM	MANAGEMENT FEEDBACK
28	Does your Organization have HR Policy that articulate equal remuneration?	

	
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WORK-LIFE BALANCE WITH SHARED SOCIAL RESPONSIBILITY

No	ITEM	MANAGEMENT FEEDBACK
29	Are there any mechanisms to promote work-life balance and social responsibility that offer equal and equitable opportunities for males and females to balance their work, family and personal spheres? If yes, Lists tick below as appropriate	
30	Is there any mechanisms to ensure work life balance <input type="checkbox"/> Breaks (Lunch, break etc.) <input type="checkbox"/> Leisure (Sports) <input type="checkbox"/> Childcare facilities and services including breast feeding rooms <input type="checkbox"/> Flexitime <input type="checkbox"/> Telecommuting <input type="checkbox"/> Special measures to attend to family responsibilities <input type="checkbox"/> breast-feeding room for mothers <input type="checkbox"/> Others	

PREVENTION OF AND RESPONSE TO SEXUAL HARASSMENT AND GENDER BASED VIOLENCE IN THE WORK PLACE

No	ITEM	MANAGEMENT FEEDBACK
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Revision:	00		Date of Approval:	6/05/2025
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31	Does the organization have a policy and procedure on sexual harrassment and other forms of GBV at workplace? If yes, state the policy and procedure	
32	What are the guidelines in place? if yes, state the guidelines.	
33	What mechanisms are in place to handle sexual harassment and other forms of GBV? ?.....	

INCLUSIVE AND NON-SEXIST COMMUNICATION

No	ITEM	MANAGEMENT FEEDBACK
34	Does your organization have a communication strategy which is Gender inclusive? Yes/No If yes, avail the strategy	
35	Does your organization have a marketing strategy? If yes, avail the strategy	
36	Has organization established a mechanism for collecting and handling feedback on their communication? If yes state the mechanism	

PROCUREMENT

37	Does your organization have documented procurement processes which provide for equitable opportunities for male and women? If Yes Detail the document identification.....	
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38	Does your organization have procurement related committees which are gender inclusive?	
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PERFORMANCE EVALUATION

39	Has your organization established process(es) for monitoring, measurement, analysis and performance evaluation?	
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COMPLIANCE AUDIT AND MANAGEMENT REVIEW

40	Have you conducted internal audit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes when was the last conducted?	
41	Have you conducted management reviews? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes when was the last conducted?	

OTHER GENDER EQUALITY ISSUES

No	ITEM	MANAGEMENT FEEDBACK
42	Does the organization have in-house gender expert to provide technical assistance to enable the organization mainstream gender in its plans and processes?	