

#### Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17th Floor, JKUAT Towers, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

**=** +254 700 722 522 | **S** +254 722 300 245.

admin@achrp.org | shttps://achrp.org

NITA: NITA/TRN/1234

**Knowledge Management for HR Professionals Training** 

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
11th - 15th Dec, 2023	-	5 Day(s)	Lake Naivasha Resort, Naivasha	6	60,000.00

### **Course Overview**

IHRM: C00259

Knowledge Management (KM) is a critical aspect of facilitating learning and growth in organizations. This module aims to equip Human Resource professionals with the skills and knowledge to effectively implement and manage a Knowledge Management System (KMS).

## **Course Objectives**

By the end of this program, participants will be able to;

- Understand the principles and practices of Knowledge Management.
- Gain insights into the importance of KM for HR.
- Understand how to design and implement a KM project.
- Evaluate tools and techniques for KM.
- Apply KM in real-world HR contexts, enhancing strategic decision-making.

# **Target Groups**

This training is suitable to a wide range of professionals but will greatly benefit;

CHRP. Den PN Gathitu **Secretary General** 

**Academy of Certified Human Resource Professionals** 



DATE: 03:11:2025

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PROFORMA INVOICE

Invoic	e To:								
Organization Name		Phone Number		Email Add	Email Address				
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
		C : 1-							
1	Knowledge Management for HR Pr training	roiessionais	60,000.00	9,600.00	69,600.00				
GROS	GROSS: Sixty Nine Thousand Six Hundred 69,600.00								
***PAYMENT DETAILS***									
<b>Pay Bill No:</b> 247247									
Bank Name: Equity Bank Account Name: Academy of Certified Human Resource Professionals Ltd Account Number: 1 2 9 0 2 7 1 2 4 5 7 5 3									
NOMINEE DETAILS									
We wish to Nominate our employee(s) listed below to attend the above training:									
#	NAME	EMAIL ADDRESS		TELEPHONE					
NOMI	INATION AUTHORIZATION & FU	INDING CON	IFIRMATION						
I, the undersigned, authorize this nomination and confirm that funds are available for this training.									
Name of Authorizer:									
Position:									
Mobile Phone No.: Email Address:									
Organization KRA PIN: Signature:									
Date: Stamp:									
Email this document to <u>admin@achrp.org</u>									
NB: No credit facilities. Full payment is required before participation.									