

#### 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.

NITA: NITA/TRN/1234

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

#### IHRM: C00259

# **HR Analytics Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
2nd Dec, 2023	02:00 PM-O5:00 PM	3 Hour(s)	Webinar, Zoom	1	1,500.00

## **Course Overview**

## **Course Objectives**

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

- Data Driven HR's role in operational and strategic decisions
- Analyzing trends and metrics
- Use of data and its measurement systems
- Aligning metrics to organization's goals
- · Common mistakes in Analyzing data
- Types of performance measures
- Key Performance Indicators relevance and characteristics
- Purposeful measurement
- Identifying organization's KPIs.

#### Target Groups

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

## Video Link(s)

Module Title	Video Link
HR Analytics	https://www.youtube.com/watch?v=M9XiDEbYIEc

CHRP. Den PN Gathitu **Secretary General** 

**Academy of Certified Human Resource Professionals** 



DATE: 03:11:2025

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PROFORMA INVOICE

Invoice To:									
Organization Name		Phone Number		Email Add	Email Address				
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
1	HR Analytics training		1,500.00	240.00	1,740.00				
GROS	S: One Thousand Seven Hundred F	orty			1,740.00				
***PAYMENT DETAILS***									
<b>Pay Bill No:</b> 247247 <b>Account No.:</b> 300245 <b>Amount:</b> KES 1,740.00									
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				
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION									
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:									
Date.	Ŧ								
Email this document to admin@achrp.org									

NB: No credit facilities. Full payment is required before participation.