

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 | https://achrp.org

NITA: NITA/TRN/1234

IHRM: C00259

Knowledge Management for HR Professionals Training

| Date | Time | Duration | Venue | | Cost (Excl. VAT)PP |
|-----------------------|------|----------|--------------------------------|---|--------------------|
| 13th - 17th May, 2024 | - | 5 Day(s) | Lake Naivasha Resort, Naivasha | 6 | 60,000.00 |

Course Overview

In the rapidly evolving business landscape, the ability to manage knowledge efficiently has become a cornerstone of successful human resource (HR) management. This course is designed specifically for HR professionals who aim to harness the power of knowledge management to enhance organizational performance, foster innovation, and maintain a competitive edge. Through a comprehensive curriculum combining theoretical foundations with practical applications, participants will learn how to capture, distribute, and effectively use knowledge within their organizations. By the end of this course, HR professionals will be equipped with the knowledge and tools to implement effective knowledge management practices within their organizations, fostering a culture of continuous learning and improvement.

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 | 60,000.00 | 9,600.00 | 69,600.00 | | | | | |
| | | | | | | | | | |
| GROS | GROSS: Sixty Nine Thousand Six Hundred 69,600.00 | | | | | | | | |
| ***PAYMENT DETAILS*** | | | | | | | | | |
| Pay Bill No: 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 | | | | | |
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| | | | | | | | | | |
| 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. | | | | | | | | | |