

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

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

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

**1** +254 700 722 522 **1 2** +254 722 300 245.

NITA: NITA/TRN/1234

IHRM: C00259

#### **Mastering Knowledge Management Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
15th - 19th Jul, 2024	08:30 AM-11:30 AM	5 Day(s)	Lake Naivasha Resort, Naivasha	6	60,000.00

#### **Course Overview**

This course provides comprehensive insights into Knowledge Management (KM) principles, strategies, and tools to optimize information flow within organizations. Participants will learn to harness the power of collective knowledge to drive innovation, efficiency, and competitive advantage.

## **Course Objectives**

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

- Understand the fundamentals of Knowledge Management.
- Explore KM frameworks and models.
- Develop skills to implement KM strategies effectively.
- Analyze case studies to draw practical insights.
- Utilize tools and technology for efficient knowledge sharing.

### **Target Groups**

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

- Mid to senior-level managers
- KM professionals
- HR and IT managers
- Project managers
- Organizational consultants

DenMGathitu

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	Mastering Knowledge Management training		60,000.00	9,600.00	69,600.00				
GROS	S: Sixty Nine Thousand Six Hundre			69,600.00					
***PAYMENT DETAILS***									
	<b>Pay Bill No:</b> 247247 <b>Account No.:</b> 300245 <b>Amount:</b> KES 69,600.00								
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: Stamp:									
Email this document to <u>admin@achrp.org</u>									

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