

Academy of Certified Human Resource Professionals Ltd.

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

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

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NITA: NITA/TRN/1234

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Knowledge Management Essentials Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
16th - 20th Sep, 2024	08:30 AM-11:30 AM	5 Day(s)	Lake Naivasha Resort, Naivasha	6	65,000.00

Course Overview

IHRM: C00259

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;

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



DATE: 03:11:2025

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PROFORMA INVOICE

Invoice To:										
Organ	nization Name	Phone Number		Email Add	Email Address					
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)					
1	Knowledge Management Essentials training		65,000.00	10,400.00	75,400.00					
GROS	S: Seventy Five Thousand Four Hur		75,400.00							
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					
NOMI	INATION AUTHORIZATION & FU	INDING CON	NFIRMATION							
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:										
Date: Stamp:										
Email this document to admin@achrp.org										

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