

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

Human Resource Metrics & Analytics Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
16th - 20th Sep, 2024	08:30 AM-11:30 AM	5 Day(s)	PrideInn Express, Mombasa	6	60,000.00

Course Overview

Unlock the power of data to transform your HR strategies with our intensive 1-week Human Resource Metrics & Analytics program. Designed for HR practitioners, this course will equip you with the skills to predict employee turnover, enhance engagement levels, and optimize compensation and benefits. Learn what to analyze and how to use analytical tools effectively to make better people decisions. Join us to become more competent and confident in leveraging data for impactful HR outcomes.

Course Objectives

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

- Explain basic concepts on HRMS/HRIS and prepare HR reports and conduct data visualization;
- Create business understanding for HR initiatives;
- · Forecast budget numbers for HR costs;
- Apply analytic techniques and uncover data-driven insights that aid in HR decision- making and reporting;
- Examine common pitfalls in the use of analytics in HR.

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

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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	Human Resource Metrics & Analyt	60,000.00	9,600.00	69,600.00				
GROSS: Sixty Nine Thousand Six Hundred					69,600.00			
PAYMENT DETAILS								
Pay Bill No: 247247 Account No.: 300245 Amount: 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:								
Email this document to admin@achrp.org								

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