

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 | shttps://achrp.org

NITA: NITA/TRN/1234

Foundations of HR Audit Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
7th Oct, 2024	05:00 PM-08:00 PM	3 Hour(s)	Webinar, Zoom	1	1,500.00

Course Overview

IHRM: C00259

This session introduces participants to the fundamentals of HR auditing, emphasizing its importance in ensuring compliance, improving HR processes, and aligning HR practices with organizational goals.

Course Objectives

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

- Understand the need and objectives of HR audits.
- Define the scope and limitations of HR audits.
- Identify the requirements for effective HR auditors.

Target Groups

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

Video Link(s)

Module Title	Video Link
Foundations of HR Audit	https://www.youtube.com/watch?v=LNYrx7ofplQ

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CHRP. Den PN Gathitu **Secretary General**

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DATE: 03:11:2025		PROFORMA INVOICE							
Invoice To:									
Organization Name		Phone Number			Email Address				
QTY	DESCRIPTION	NET (KES)		VAT (KES)		GROSS (KES)			
1	Foundations of HR Audit traini		1,500.00	240.00		1,740.00			
GROSS: One Thousand Seven Hundred Forty 1,740.00									
PAYMENT DETAILS									
	Pay Bill No: 247247	A	ccount No.: 3	300245 Amo	unt: K	CES 1,740.0	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 wi	ish to Nominate our employee(s)	list	ed below to a	ttend the above	traini	ing:			
#	NAME			EMAIL ADDRESS			TELEPHONE		
	INATION AUTHORIZATION &								
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.