

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 | **3** +254 722 300 245.

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

NITA: NITA/TRN/1234

IHRM: C00259

Exploring HR Audit Dimensions Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
8th Oct, 2024	05:00 PM-08:00 PM	3 Hour(s)	Webinar, Zoom	1	1,500.00

Course Overview

This session delves into the various dimensions of HR audits, focusing on strategies, competencies, culture, values, and their impact on the organization.

Course Objectives

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

- Explore different dimensions of HR audits.
- Understand the role of HR strategies and competencies.
- Assess the impact of HR culture and values.

Target Groups

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

Video Link(s)

Module Title	Video Link
Exploring HR Audit Dimensions	https://www.youtube.com/watch?v=JtfYozWJPgg

Den Mathitu

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	Exploring HR Audit Dimensions tra	aining	1,500.00	240.00	1,740.00				
GROS		1,740.00							
PAYMENT DETAILS									
Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00									
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				
NOMI	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 admin@achrp.org									

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