

Academy of Certified Human Resource Professionals Ltd.

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

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

8 +254 700 722 522 | **9** +254 722 300 245.

NITA: NITA/TRN/1234

Auditing HR Strategies & Impact Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
11th Oct, 2024	08:30 AM-11:30 AM	3 Hour(s)	Webinar, Zoom	1	1,500.00

Course Overview

IHRM: C00259

This session examines the auditing of HR strategies and their impact on the organization, including communication, employee engagement, and talent management.

Course Objectives

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

- Evaluate HR strategies and their effectiveness.
- Assess the impact of HR practices on organizational outcomes.
- Develop actionable recommendations for improvement.

Target Groups

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

• HR Professionals

Video Link(s)

Module Title	Video Link
Auditing HR Strategies & Impact	https://www.youtube.com/watch?v=5aLT8awrloM

DenPNGathitu

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	Auditing HR Strategies & Impact t	raining	1,500.00	240.00	1,740.00					
	Thanking III Strategies a impact o		1,000.00	210.00	1,7 10.00					
GROS		1,740.00								
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					
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION										
I, the ι	undersigned, authorize this nominat	ion and confi	rm that funds ar	e available for tl	his 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.