

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

IHRM: C00259

Fundamentals of HR Auditing & Techniques Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
18th Feb, 2025	09:00 AM-12:00 AM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

This webinar introduces the essentials of Human Resources (HR) Auditing, highlighting its significance in ensuring organizational success. Attendees will learn about the key stakeholders involved, various HR audit techniques, and common challenges encountered during the auditing process. The course also covers data collection methods crucial for a thorough audit.

Course Objectives

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

- Understand the basic principles of HR Auditing.
- Identify the key stakeholders in the HR auditing process.
- Gain insights into different HR audit techniques and data collection methods.
- Recognize common challenges in HR Auditing.
- Comprehend the importance of HR auditing in achieving organizational success.

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	
Fundamentals of HR Auditing & Techniques	https://www.youtube.com/watch?v=WheBPxJJ5PY	

DenPOGethilu

CHRP. Den PN Gathitu **Secretary General**

Academy of Certified Human Resource Professionals



DATE: 03:11:2025

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PROFORMA INVOICE

Invoic	е То:									
Organization Name		Phone Number		Email Add	Email Address					
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QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)					
1	Fundamentals of HR Auditing & Te training	1,500.00	240.00	1,740.00						
GROS	SS: One Thousand Seven Hundred Fo	orty			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 wi	sh to Nominate our employee(s) liste	ed below to at	ttend the above	training:						
#	NAME EMAIL ADDRESS				TELEPHONE					
	INATION AUTHORIZATION & FU									
I, the	undersigned, authorize this nominat	ion and confir	rm that funds ar	e available for t	his training.					
Name of Authorizer:										
Position:										
Mobile Phone No.: Email Address:										
Organization KRA PIN: Signature:										
Date:										
Email this document to <u>admin@achrp.org</u>										
NB: No credit facilities. Full payment is required before participation.										