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 | +254 722 300 245.
admin@achrp.org | https://achrp.org

IHRM: C00259 NITA: NITA/TRN/1234

Knowledge Management (KM) for HR Professionals Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
9th - 14th Feb, 2026	08:30 AM-11:30 AM	6 Day(s)	Blooming Suites, Naivasha	6	70,000.00

Course Overview

In today's dynamic business environment, HR professionals must go beyond traditional personnel management and strategically harness knowledge for better decision-making, talent development, and workplace innovation. This course equips HR leaders with practical techniques to create, store, and share institutional knowledge effectively. Participants will explore knowledge management frameworks, digital tools, and strategies that enhance workplace collaboration and organizational learning.

Course Objectives

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

- Understand the role of Knowledge Management (KM) in modern HR functions.
- Develop structured KM frameworks that support workforce performance and engagement.
- Facilitate knowledge sharing to enhance organizational learning.
- Utilize digital tools to store and distribute HR knowledge efficiently.
- Build a culture of continuous improvement through strategic knowledge application.

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

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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	Knowledge Management (KM) for HR Professionals training	70,000.00	11,200.00	81,200.00
GROSS: Eighty One Thousand Two Hundred				**81,200.00**

PAYMENT DETAILS

Pay Bill No: 247247 **Account No.:** 300245 **Amount:** KES 81,200.00

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: ..... Stamp:.....

Email this document to admin@achrp.org

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