

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 | **⑤** +254 722 300 245.

NITA: NITA/TRN/1234

Foundations of Knowledge Management in HR Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
31st May, 2025	08:30 AM-10:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

Course Overview

IHRM: C00259

Gain a strategic overview of KM and its relevance in HR. Understand how institutional knowledge impacts organizational success and workforce efficiency, the principles of KM in HR leadership, key areas where knowledge enhances HR functions, and the business case for strategic KM implementation.

Course Objectives

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

- Understand KM principles and their role in HR leadership.
- Identify key areas where knowledge enhances HR functions.
- Learn the business case for strategic KM implementation.

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
Foundations of Knowledge Management in HR	https://www.youtube.com/watch?v=VdUOaY32ImA

DenPNGathitu

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



IHRM: C00259

DATE: 03:11:2025

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

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PROFORMA INVOICE

	75,111,2025								
Invoice To:									
Organization Name		Phone Number		Email Address					
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
1	Foundations of Knowledge Manage training	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 E		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 <u>admin@achrp.org</u>								

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