

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 | • +254 722 300 245.

IHRM: C00259 NITA: NITA/TRN/1234

Digital Solutions for Knowledge Management Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
21st Jun, 2025	8:30 AM-11:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

Course Overview

Explore how technology is transforming HR functions, making knowledge storage, automation, and AI-driven insights essential. This module focuses on evaluating HR technologies for effective KM application, using AI and analytics to enhance HR knowledge utilization, and developing automated KM systems for workplace efficiency.

Course Objectives

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

- Evaluate HR technologies for effective KM application.
- Use AI and analytics to enhance HR knowledge utilization.
- Develop automated KM systems for workplace efficiency.

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
Digital Solutions for Knowledge Management	https://www.youtube.com/watch?v=Uz9R497X_Dk

DenPilathita 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					
		ļ.	i							
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)					
1	Digital Solutions for Knowledge Management training		1,500.00	240.00	1,740.00					
GROS	GROSS: One Thousand Seven Hundred Forty 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										
NOM	INEE DETAILS									
We wish to Nominate our employee(s) listed below to attend the above training:										
#	NAME		EMAIL ADDRESS TELEPHONE							
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									
11015										
	INATION AUTHORIZATION & FU									
I, the	undersigned, authorize this nominat	ion and confii	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.										