

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

NITA: NITA/TRN/1234

Cultivating a Learning & Knowledge-Driven Workplace Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
28th Jun, 2025	08:00 AM-10:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

Course Overview

IHRM: C00259

Learn how to embed continuous learning into HR practices to ensure innovation and agility. This module equips you with strategies for fostering knowledge-driven cultures, implementing learning and development strategies through KM, aligning knowledge initiatives with organizational goals, and driving a culture of knowledge retention and employee growth.

Course Objectives

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

- Implement learning and development strategies through KM.
- Align knowledge initiatives with organizational goals.
- Drive a culture of knowledge retention and employee growth.

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
Cultivating a Learning & Knowledge-Driven Workplace	https://www.youtube.com/watch?v=zl5lYc_NOdo

Den Pollethile CHRP. Den PN Gathitu **Secretary General**

Academy of Certified Human Resource Professionals



DATE: 03:11:2025

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PROFORMA INVOICE

Invoice To:										
		Phone Num	hor	Email Add	Email Address					
Organization Name		Phone Num	iber —	Eman Addi	Email Address					
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)					
1	Cultivating a Learning & Knowledge-Driven Workplace training		1,500.00	240.00	1,740.00					
GROS	GROSS: One Thousand Seven Hundred Forty 1,740.00									
]	PAYMENT D	ETAILS							
	Pay Bill No: 247247 Ac	count No.: 3	300245 Amou	nt: KES 1,740.0	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										
NOMI	NEE DETAILS									
We wish to Nominate our employee(s) listed below to attend the above training:										
#	NAME		EMAIL ADDRESS		TELEPHONE					
NOMI	NATION AUTHORIZATION & FU	NDING CON	FIRMATION							
Ι, the ι	undersigned, authorize this nominat	ion and confir	m that funds are	e available for tl	nis 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.										