

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17th Floor, JKUAT Towers, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

2 +254 700 722 522 | **3** +254 722 300 245.

NITA: NITA/TRN/1234

KM Strategy Development: Practical Application Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
5th Jul, 2025	08:00 AM-10:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

Course Overview

IHRM: C00259

This module provides a hands-on application of KM principles, enabling you to develop workplace-ready strategies. You will participate in real-world KM simulations for HR functions, design and present a KM strategy tailored to organizational needs.

Course Objectives

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

- Conduct real-world KM simulations for HR functions.
- Design and present a KM strategy tailored to organizational needs.

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
KM Strategy Development: Practical Application	https://www.youtube.com/watch?v=N35JA0YsMKw

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

IHRM: C00259 NITA: NITA/TRN/1234

PROFORMA INVOICE

Invoice To:											
Orgar	nization Name	Phone Nun	nber	Email Add	Email Address						
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)						
1	KM Strategy Development: Practic Application training	al	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											
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						
NOM	INATION AUTHORIZATION & FU	INDING CON	NFIRMATION								
I, the	undersigned, authorize this nominat	ion and confi	rm that funds a	re available for t	this training.						
Name	of Authorizer:										
Positio	on:	•••••									
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.											