

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 | https://achrp.org

NITA: NITA/TRN/1234

Talent Management Fundamentals Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
13th Sep, 2025	8:00 AM-11:00 AM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

This module introduces the core principles of talent management, its strategic importance, and its role in modern organizations. Participants will learn how to align workforce capabilities with organizational goals by identifying workforce gaps and ensuring talent is strategically relevant.

Course Objectives

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

• Understand the fundamentals of talent management, including strategic workforce planning, KSA (knowledge, skills, and abilities) relevance, talent alignment, and identifying workforce gaps.

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		
Talent Management Fundamentals	https://www.youtube.com/watch?v=Svxz2Nak8-g		

Den MGathitu

CHRP. Den PN Gathitu **Secretary General**

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DATE:	03:11:2025	PROFORMA INVOICE								
Invoice To:										
Organization Name			Phone Nun	nber	Email Add	Email Address				
QTY DESCRIPTION				NET (KES)	VAT (KES)	GROSS (KES)				
1	Talent Management Fundame	training	1,500.00	240.00	1,740.00					
GROS	SS: One Thousand Seven Hundr	orty	I		1,740.00					
PAYMENT DETAILS										
	Pay Bill No: 247247	Ac	count No.:	300245 Amo	unt: 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 wi	ish to Nominate our employee(s) liste	ed below to a	ttend the above	training:					
#	NAME			EMAIL ADDI	RESS	TELEPHONE				
	INATION AUTHORIZATION (
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.