

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

Performance & Potential Assessment Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
27th Sep, 2025	8:00 AM-11:00 AM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

This module provides the tools to measure employee performance and assess potential for future leadership roles. Participants will learn to use KPIs and feedback systems to identify high-potential employees and create effective succession plans.

Course Objectives

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

• Measure performance and assess employee potential for succession planning.

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	
Performance & Potential Assessment	https://www.youtube.com/watch?v=s1mnlHwXyll	

Den Mathitu

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



DATE: 03:11:2025

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17 $^{\mbox{\tiny th}}$ Floor, JKUAT Towers, Kenyatta Avenue,

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

■ +254 700 722 522 | **●** +254 722 300 245.

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

IHRM: C00259 NITA: NITA/TRN/1234

PROFORMA INVOICE

Invoice To:									
Organization Name		Phone Number		Email Add	Email Address				
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
1	Performance & Potential Assessment training		1,500.00	240.00	1,740.00				
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									
NOMINEE DETAILS									
We wish to Nominate our employee(s) listed below to attend the above training:									
#	NAME		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:									
Email this document to admin@achrp.org									

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