

#### Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17<sup>th</sup> Floor, JKUAT Towers, Kenyatta Avenue,

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

# NITA: NITA/TRN/1234

IHRM: C00259

### **Competency-Based Management & Integration Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
10th Oct, 2025	2:00 PM-5:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

#### **Course Overview**

This module focuses on designing and integrating competency frameworks into HR practices. It covers assessment tools and aligning competencies with the organizational culture to create a talent-centric workplace.

#### **Course Objectives**

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

• Design competency-based frameworks and integrate them into HR practices.

#### 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	
Competency-Based Management & Integration	https://www.youtube.com/watch?v=OrmqE8NaPWw	

DenMGathitu

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 Num	ıber	Email Add	Email Address					
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)					
1	Competency-Based Management & training	Integration	1,500.00	240.00	1,740.00					
GROS	GROSS: One Thousand Seven Hundred Forty 1,740.00									
***PAYMENT DETAILS***										
<b>Pay Bill No:</b> 247247 <b>Account No.:</b> 300245 <b>Amount:</b> 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 TELEPHON								
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: Stamp:										
Email this document to <u>admin@achrp.org</u>										
NB: No credit facilities. Full payment is required before participation.										