

Academy of Certified Human Resource Professionals Ltd.

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

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

= +254 700 722 522 | **S** +254 722 300 245.

NITA: NITA/TRN/1234

Introduction to HR Auditing Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
1st Oct, 2025	9:00 AM-12:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

This module introduces the fundamental concepts of HR auditing. It covers the objectives and types of HR audits, the roles and ethical responsibilities of an auditor, and the overarching framework of the HR audit cycle.

Course Objectives

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

• Understand the structure, scope, and strategic value of HR audits.

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
Introduction to HR Auditing	https://www.youtube.com/watch?v=9rRUktPdc2M

Den Pollethile

CHRP. Den PN Gathitu **Secretary General**

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

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DATE: 03:11:2025		PROFORMA INVOICE							
Invoice To:									
Organization Name		Phone Number		Email Add	Email Address				
QTY	QTY DESCRIPTION			NET (KES)	VAT (KES)	GROSS (KES)			
1				1,500.00	240.00	1,740.00			
GROSS: One Thousand Seven Hundred Forty						1,740.00			
PAYMENT DETAILS									
	Pay Bill No: 24724	17 A	ccount No.: 3	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									
NOM	INEE DETAILS								
We wi	sh to Nominate our employee	e(s) list	ed below to at	ttend the above	training:				
#	NAME			EMAIL ADDRESS		TELEPHONE			
NOM	INATION AUTHORIZATION	N & FU	INDING CON	IFIRMATION					
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 <u>admin@achrp.org</u>									

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