

#### 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.

**1** +254 700 722 522 **1 2** +254 722 300 245.

NITA: NITA/TRN/1234

#### **HR Risk Management & Data Analysis Training**

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

#### **Course Overview**

IHRM: C00259

This module delves into identifying and managing HR-related risks. It covers risk identification, internal controls, and the use of data analysis and audit sampling techniques to assess risk.

# **Course Objectives**

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

 By the end of this module, participants will be able to identify compliance risks and areas for operational improvement.

# **Target Groups**

This training is suitable to a wide range of professionals but will greatly benefit;

- HR Professionals
- HR Generalists aiming to specialize in HR auditing.
- HR Managers transitioning to advanced auditing roles.
- Professionals seeking certification as Human Resource Auditors.
- Internal Auditors focusing on HR compliance and risk.

### Video Link(s)

Module Title	Video Link		
HR Risk Management & Data Analysis	https://www.youtube.com/watch?v=hlKDtDgbyrU		

DenMGathilu

CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



DATE: 03:11:2025

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PROFORMA INVOICE

Invoice To:								
Organization Name		Phone Number		Email Add	Email Address			
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)			
1 HR Risk Management & Data Analysis training			1,500.00	240.00	1,740.00			
GROS		1,740.00						
***PAYMENT DETAILS***								
<b>Pay Bill No:</b> 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			
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION								
I, the ι	undersigned, authorize this nominat	tion and confi	rm that funds ar	e available for t	this training.			
Name of Authorizer:								
Position:								
Mobile Phone No.: Email Address:								
Organization KRA PIN: Signature:								
Date:								
Email this document to admin@achrp.org								

 $\mathbf{NB:}$  No credit facilities. Full payment is required before participation.