

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 | **●** +254 722 300 245.

NITA: NITA/TRN/1234

IHRM: C00259

Audit Reporting & Action Planning Training

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

Course Overview

This module focuses on the crucial final steps of the audit process: reporting and action planning. Participants will learn how to prepare executive summaries, present audit findings to stakeholders, and develop corrective action plans.

Course Objectives

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

• By the end of this module, participants will be able to prepare and present audit reports to management and stakeholders.

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

Den Philathita 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

Invoic	Invoice To:										
Organ	nization Name	Phone Num	nber	Email Add	Email Address						
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)						
1	Audit Reporting & Action Planning	training	1,500.00	240.00	1,740.00						
GROS	S: One Thousand Seven Hundred Fo		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 wi	e wish to Nominate our employee(s) listed below to attend the above training:										
#	NAME		EMAIL ADDRESS		TELEPHONE						
NOM	INATION AUTHORIZATION & FU	NDING CON	FIRMATION								
I, the 1	undersigned, authorize this nominat	ion and confi	rm that funds a	re available for t	his training.						
Name	of Authorizer:	•••••	•••••	•••••							
Positio	on:										
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.											