

#### 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

### **HR Audit Integration & Practice Training**

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

#### **Course Overview**

IHRM: C00259

The final module provides participants with a capstone experience. They will engage in a simulation, develop a personal audit strategy, and participate in a final wrap-up.

# **Course Objectives**

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

• By the end of this module, participants will be able to align HR auditing with broader business goals and performance metrics and demonstrate practical application of all course concepts.

# 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

CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



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

IHRM: C00259 NITA: NITA/TRN/1234

DATE: 03:11:2025		PROFORMA INVOICE							
Invoice To:									
Organization Name		Phone Nun	nber	Email Add	Email Address				
QTY	DESCRIPTION			NET (KES)	VAT (KES)	GROSS (KES)			
1	HR Audit Integration & Practice	aining	1,500.00	240.00	1,740.00				
_			2,000.00		27. 2000				
GROSS: One Thousand Seven Hundred Forty						1,740.00			
***PAYMENT DETAILS***									
Pay Bill No: 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 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.