

Academy of Certified Human Resource Professionals Ltd.

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

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

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

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

NITA: NITA/TRN/1234

IHRM: C00259

HR Analytics for Impact Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
30th Oct, 2025	8:00 AM-11:00 AM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

This module equips participants with the tools to use data for decision-making. It covers workforce analytics, dashboard creation, and storytelling techniques to communicate HR insights.

Course Objectives

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

- Understand key HR analytics concepts and tools.
- Build and interpret HR dashboards.
- Use data storytelling to influence decisions.

Target Groups

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

- HR Professionals seeking strategic elevation
- HR Business Partners (current or transitioning)
- HR Managers preparing for business-facing leadership
- Leadership teams collaborating with HR on transformation

Video Link(s)

Module Title Video Link

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



DATE: 03:11:2025

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PROFORMA INVOICE

Invoice To:										
Orgai	nization Name	Phone Nun	nber	Email Add	Email Address					
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)					
1	HR Analytics for Impact training		1,500.00	240.00	1,740.00					
GROS	SS: 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 wish to Nominate our employee(s) listed below to attend the above training:										
#	NAME		EMAIL ADDRESS		TELEPHONE					
NOM	INATION AUTHORIZATION & FU	INDING CON	NFIRMATION							
I, the	undersigned, authorize this nominat	tion and confi	rm that funds a	re available for t	his training.					
Name of Authorizer:										
Position:										
Mobile Phone No.: Email Address:										
Organization KRA PIN: Signature:										
Date:										
Email this document to admin@achrp.org										

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