

Academy of Certified Human Resource Professionals Ltd.

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

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

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NITA: NITA/TRN/1234

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

Effective Performance Appraisal System Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
27th - 28th Oct, 2022	8:30 AM-11:30 AM	2 Day(s)	Zoom Webinar, Zoom	2	3,000.00

Course Overview

IHRM: C00259

Course Objectives

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

- What is Performance Appraisal
- Purpose of Performance Appraisal
- Goals and Work Efforts
- Performance Criteria
- Steps in Performance Appraisal Process
- Who Should Do the Appraising
- Methods of Performance Appraisal
- Importance of Appraisal Interview
- Requirements of an Effective Appraisal System
- Errors of Performance Appraisal

Target Groups

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

- Managers and supervisors responsible for team performance.
- Business leaders seeking to enhance organizational effectiveness.
- All those involved in performance appraisals,

Video Link(s)

Module Title Video Link

DenMGathitu

CHRP. Den PN Gathitu **Secretary General**

Academy of Certified Human Resource Professionals



IHRM: C00259

DATE: 03:11:2025

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PROFORMA INVOICE

Invoic	е То:							
Organization Name		Phone Nun	nber	Email Add	Email Address			
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)			
1	Effective Performance Appraisal Straining	ystem	3,000.00	480.00	3,480.00			
GROSS: Three Thousand Four Hundred Eighty					3,480.00			
PAYMENT DETAILS								
Pay Bill No: 247247 Account No.: 300245 Amount: KES 3,480.00								
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 ADDR	TELEPHONE				
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION								
Ι, the ι	undersigned, authorize this nominat	ion 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: Stamp:								
Email this document to admin@achrp.org								
NB: No credit facilities. Full payment is required before participation.								