

## Strategic Employee Retention Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
30th Mar, 2022	8:30 AM-11:30 AM	3 Hour(s)	Zoom Webinar, Zoom	1	1,000.00

### Course Overview

Employees are deciding whether to stay or leave their employers. Recent surveys show upwards to an 50% increase in employee turnover as the economy improves. Those that fail to make employee retention a priority are at risk of losing their top talented people to the competition. In this Strategic Employee Retention webinar you will learn five key strategies that drive job satisfaction and employee engagement leading to high employee retention.

### Course Objectives

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

- What motivates employees
- Why Retention is a serious problem . . . .still?
- Strategic accountability approach to retention
- How to measure and monitor turnover and retention data
- Recruiting new employees
- Building motivation and commitment
- Employee retention – case study

### 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.

### Video Link(s)

Module Title	Video Link

  
**CHRP. Den PN Gathitu**  
**Secretary General**  
**Academy of Certified Human Resource Professionals**

To:	PROFORMA INVOICE	DATE: 25:01:2026

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>Strategic Employee Retention</b>	1,000.00	0.00	1,000.00
<b>GROSS (KES):</b> One Thousand				<b>1,000.00</b>

PARTICIPANT(S) DETAILS			
NO.	NAME	EMAIL ADDRESS	TELEPHONE

PAYMENT DETAILS		
M-PESA Pay Bill No: 247247   Account No.: 300245   Amount: KES 1,000.00		
BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER
Equity Bank	Academy of Certified Human Resource Professionals Ltd	1 2 9 0 2 7 1 2 4 5 7 5 3
Bank Branch: Kenyatta Avenue	Branch Code: 129	Swift Code: EQBLKENA

FUNDING CONFIRMATION / TAX DETAILS	
I, the undersigned, confirm that funds are available for the above training.	
Name of Organization: .....	
Org. KRA PIN: ..... Org. Mobile No.: .....	
Confirmed By: ..... Position: .....	
Signature: ..... Date & Stamp: .....	

NOTE THAT:	
1. Only those Delegates whose fees have been paid in full will be allowed to the event	
2. Send a scanned copy of the duly completed Nomination Form to <a href="mailto:admin@achrp.org">admin@achrp.org</a>	
The above training Cost does not include Transport & Accommodation	