

#### 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 | **S** +254 722 300 245.

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

NITA: NITA/TRN/1234

# 9th HR Symposium Training

| Date                  | Time            | Duration | Venue                                      | CPD | Cost (Excl. VAT)PP |
|-----------------------|-----------------|----------|--|-----|--------------------|
| 17th - 21st Oct, 2022 | 8:30 AM-5:00 PM | 5 Day(s) | PrideInn Paradise Beach Resort,<br>Mombasa | 6   | 60,000.00          |

#### **Course Overview**

IHRM: C00259

The 9th HR Symposium will engage participants on management of people using performance, planned goals and objectives, measurement, feedback and recognition to motivate employee's to realize their maximum possible performance levels. The delegates will further examine the necessity of Performance Appraisal (PA) in the process of determining the personality, performance and potential of the employees of an organization as well as communicating to an employee how he or she is performing the job and establishing a plan for improvement.

### **Course Objectives**

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

- Strategic Performance Management Systems
- Conducting Effective Performance Appraisals
- Improving Employee Performance

## 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,
- Line Managers involved in implementing HR policies and programs,

CHRP. Den PN Gathitu **Secretary General** 

**Academy of Certified Human Resource Professionals** 



DATE: 03:11:2025

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PROFORMA INVOICE

| Invoice To:  |                           |              |               |           |               |  |  |  |
|--|---------------------------|--------------|---------------|-----------|---------------|--|--|--|
| Organization Name  |                           | Phone Number |               | Email Add | Email Address |  |  |  |
|  |                           |              |               |           |               |  |  |  |
| QTY  | DESCRIPTION               |              | NET (KES)     | VAT (KES) | GROSS (KES)   |  |  |  |
| 1  | 9th HR Symposium training |              | 60,000.00     | 9,600.00  | 69,600.00     |  |  |  |
|  |                           |              |               |           |               |  |  |  |
| GROS   |                           | 69,600.00    |               |           |               |  |  |  |
| ***PAYMENT DETAILS***  |                           |              |               |           |               |  |  |  |
| <b>Pay Bill No:</b> 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 admin@achrp.org   |                           |              |               |           |               |  |  |  |

 $\mathbf{NB:}$  No credit facilities. Full payment is required before participation.