

#### 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 | **3** +254 722 300 245.

IHRM: C00259

NITA: NITA/TRN/1234

#### **HR Competencies Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
8th Jul, 2023	8:30 AM-11:30 AM	3 Hour(s)	Webinar, Zoom	1	1,500.00

## **Course Overview**

# **Course Objectives**

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

## Target Groups

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

- Managers and supervisors responsible for team performance.
- Human Resource Managers
- Legal advisors and compliance officers.
- HR Business Partners
- HR Officers
- People Managers

## Video Link(s)

Module Title	Video Link	
HR Competencies	https://www.youtube.com/watch?v=QppeGJq9Bm8	

CHRP. Den PN Gathitu **Secretary General** 

**Academy of Certified Human Resource Professionals** 



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DATE:	03:11:2025	PROFORMA I	NVOICE							
Invoice To:										
Orgai	nization Name	Phone Nun	Phone Number		Email Address					
QTY	DESCRIPTION	<u> </u>	NET (KES)	VAT (KES)	GROSS (KES)					
1	HR Competencies training		1,500.00	240.00	1,740.00					
1	Tift Competencies truming		1,500.00	210.00	1,740.00					
GROS	SS: One Thousand Seven Hundred I	orty			1,740.00					
***PAYMENT DETAILS***										
	<b>Pay Bill No:</b> 247247 A	ccount No.:	300245 <b>Amo</b>	unt: 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 wi	sh to Nominate our employee(s) lis	ted below to a	ttend the above	training:						
#	NAME		EMAIL ADDRESS		TELEPHONE					
NOM	INATION AUTHORIZATION & F	UNDING CON	NFIRMATION							
I, the	undersigned, authorize this nomina	tion and confi	rm that funds a	re available for t	this training.					
Name of Authorizer:										
Position:										
Mobile Phone No.: Email Address:										
Organization KRA PIN: Signature:										
Date:										
Email this document to <u>admin@achrp.org</u>										

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