

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

NITA: NITA/TRN/1234

Competency Iceberg Model Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
19th Aug, 2023	8:30 AM-11:30 AM	3 Hour(s)	Webinar, Zoom	1	1,500.00

Course Overview

IHRM: C00259

Competency is a combination of skills, attitude, and knowledge which is reflected in your behavior. Competency is a combination of skills, job attitude, and knowledge which is reflected in job behavior that can be observed, measured, and evaluated. Let us learn more about 'Competency' and an important model of competency, the 'Competency Iceberg Model'. In this course you will learn in detail about: What is a Competency, The Components of Competencies and Explain the Types of Competencies, Describe the Competency Iceberg Model and Explain the Benefits of Iceberg Model. During the webinar, participants will learn to develop a general understanding of the Competency and Competency Iceberg Model, use the concept of competency in day today life and apply key competency concepts and principles in the workplace.

Course Objectives

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

- Explain what is a Competency
- Describe the Components of Competencies
- Explain the Types of Competencies
- Describe the Competency Iceberg Model
- Explain the Benefits of Iceberg Model

Target Groups

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

Video Link(s)

Module Title	Video Link
Competency Iceberg Model	https://www.youtube.com/watch?v=zGNBTBo9IYo

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



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DATE: 03:11:2025		PROFORMA INVOICE								
Invoice To:										
Organization Name		Phone Number			Email Address					
QTY	DESCRIPTION			NET (KES)	VA	AT (KES)	GROSS (KES)			
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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										
NOM	INEE DETAILS									
We w	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

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