

## Knowledge Management for HR Professionals Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
11th - 15th Dec, 2023	-	5 Day(s)	Lake Naivasha Resort, Naivasha	6	60,000.00

### Course Overview

Knowledge Management (KM) is a critical aspect of facilitating learning and growth in organizations. This module aims to equip Human Resource professionals with the skills and knowledge to effectively implement and manage a Knowledge Management System (KMS).

### Course Objectives

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

- Understand the principles and practices of Knowledge Management.
- Gain insights into the importance of KM for HR.
- Understand how to design and implement a KM project.
- Evaluate tools and techniques for KM.
- Apply KM in real-world HR contexts, enhancing strategic decision-making.

### Target Groups

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



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

DATE: 16:02:2026

PROFORMA INVOICE

**Invoice To:**

**Organization Name:**

**Phone:**

**Email:**

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>Knowledge Management for HR Professionals</b> training from <b>11th - 15th Dec, 2023</b> at <b>Lake Naivasha Resort, Naivasha</b>	60,000.00	9,600.00	69,600.00
<b>GROSS (KES):</b> Sixty Nine Thousand Six Hundred				<b>69,600.00</b>

**NOMINATION FORM**

**PARTICIPANT(S) DETAILS**

NO.	NAME	EMAIL ADDRESS	TELEPHONE

**PAYMENT DETAILS**

**Bank Name:** Equity Bank

**Account Name:** Academy of Certified Human Resource Professionals Ltd

**Account No.:** 1 2 9 0 2 7 1 2 4 5 7 5 3

**Bank Branch:** Kenyatta Avenue

**Branch Code:** 129

**Swift Code:** EQBLKENA

**Pay Bill No.:** 247247

**Account No.:** 300245

**FUNDING CONFIRMATION / TAX DETAILS**

I, the undersigned, has verified the nomination and confirms availability of funds for this training.

Name of Organization: .....

Org. KRA PIN: ..... Org. Mobile No.: .....

Confirmed By: ..... Position: .....

Signature: ..... Date & Stamp: .....

**NOTE THAT:**

- Only those Delegates whose fees have been paid in full will be allowed to the event
- A scanned copy of the duly completed form should be sent to [admin@achrp.org](mailto:admin@achrp.org)
- The above training Cost does not include Transport & Accommodation