

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, I&M Tower, 15th Floor, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

= +254 700 722 522 | **S** +254 722 300 245.

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

NITA: NITA/TRN/1234

HR Analytics Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
2nd Dec, 2023	02:00 PM-O5:00 PM	3 Hour(s)	Webinar, Zoom	1	1,500.00

Course Overview

IHRM: C00259

Course Objectives

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

- Data Driven HR's role in operational and strategic decisions
- Analyzing trends and metrics
- Use of data and its measurement systems
- Aligning metrics to organization's goals
- Common mistakes in Analyzing data
- Types of performance measures
- Key Performance Indicators relevance and characteristics
- Purposeful measurement
- Identifying organization's KPIs.

Target Groups

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

Video Link(s)

Module Title	Video Link
HR Analytics	https://www.youtube.com/watch?v=M9XiDEbYIEc

CHRP. Den PN Gathitu

Secretary General

Academy of Certified Human Resource Professionals



To;

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, I&M Tower, 15th Floor, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

+254 700 722 522 | **©** +254 722 300 245.

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

DATE: 26:12:2025

NITA: NITA/TRN/1234 IHRM: C00259

PROFORMA INVOICE

QTY	DESCR	RIPTION			NET (KES)	VAT (KES)	GROSS (KES)					
1	HR An	Analytics			1,500.00 240.00		1,740.00					
GRO	SS (KES)	: One Thousand S			1,740.00							
PARTICIPANT(S) DETAILS												
NO.	NO. NAME		EMAIL ADDRESS			TELEPHONE						
PAYMENT DETAILS												
	M-I	PESA Pay Bill No): 247247	Account No.: 3	00245 Am	ount: KES 1,7	40.00					
BANK NAME			ACCOUN	ACCOUNT NAME			ACCOUNT NUMBER					
Equity Bank			tified Human Resource Professionals Lt			1290271245753						
Bank Branch: Kenyatta Aver			nue 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:												
Signature: Date & Stamp:												
NOTE THAT:												

- 1. Full payment is expected to be received prior to the event
- 2. Only those Delegates whose fees have been paid in full will be allowed to the event
- 3. Send a scanned copy of the duly completed Nomination Form to admin@achrp.org
- 4. The above training Cost does not include Transport & Accommodation

Email the payment advice with this duly filled, signed, and stamped form to admin@achrp.org