

## Auditing HR Systems Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
10th Oct, 2024	08:30 AM-11:30 AM	3 Hour(s)	Webinar, Zoom	1	1,500.00

## Course Overview

This session focuses on auditing various HR systems, such as recruitment, performance management, and career development.

## Course Objectives

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

- Audit key HR systems and processes.
- Identify areas for improvement.
- Ensure alignment with organizational goals.

## Target Groups

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

## Video Link(s)

Module Title	Video Link
Auditing HR Systems	<a href="https://www.youtube.com/watch?v=3DdVJzbyiz8">https://www.youtube.com/watch?v=3DdVJzbyiz8</a>

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

To;	<b>PROFORMA INVOICE</b>	<b>DATE: 25:01:2026</b>
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QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>Auditing HR Systems</b>	1,500.00	0.00	1,500.00
<b>GROSS (KES): One Thousand Five Hundred</b>				<b>1,500.00</b>

#### PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

#### PAYMENT DETAILS

**M-PESA Pay Bill No:** 247247 | **Account No.:** 300245 | **Amount:** KES 1,500.00

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER
Equity Bank	Academy of Certified Human Resource Professionals Ltd	1 2 9 0 2 7 1 2 4 5 7 5 3

**Bank Branch:** Kenyatta Avenue | **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: ..... Position: .....

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

#### NOTE THAT:

1. Only those Delegates whose fees have been paid in full will be allowed to the event
2. Send a scanned copy of the duly completed Nomination Form to [admin@achrp.org](mailto:admin@achrp.org)

The above training Cost does not include Transport & Accommodation