

#### Academy of Certified Human Resource Professionals Ltd.

Regus Suites, I&M Tower, 15<sup>th</sup> Floor, Kenyatta Avenue,

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

**2** +254 700 722 522 | **3** +254 722 300 245.

NITA: NITA/TRN/1234

IHRM: C00259

# Knowledge Management (KM) for HR Professionals Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
12th - 17th May, 2025	08:30 AM-11:30 AM	6 Day(s)	Blooming Suites, Naivasha	6	70,000.00

### **Course Overview**

In today's dynamic business world, harnessing and managing knowledge effectively is essential for success. This 6-day course equips managers and leaders with the skills to design, implement, and sustain knowledge management systems that enhance decision-making, foster collaboration, and drive organizational growth.

### Course Objectives

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

- Understand the fundamentals of knowledge management and its impact on organizations.
- Design and implement effective knowledge management frameworks.
- Facilitate knowledge sharing and collaboration within teams.
- Leverage technology to capture, store, and distribute knowledge.
- Foster a culture of innovation and learning for organizational growth.

## **Target Groups**

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

- HR Professionals
- Managers
- Team Leaders
- Knowledge and Innovation Officers
- Business Leaders Driving Organizational Change

DenDUSathitu

CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



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

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То;		PROFORMA INVOICE	E	DATE: 26:12:2025				
QTY	DESCRIPTION		NET (KES	) VAT (KES)	GROSS (KES)			
1	Knowledge Manageme Professionals training f 2025 at Blooming Suite	rom <b>12th - 17th May,</b>	70,000.00	11,200.00	81,200.00			
GROS	SS (KES): Eighty One Tho	ısand Two Hundred		·	81,200.00			
PARTICIPANT(S) DETAILS								
NO.	NAME	EMAIL ADDRESS		<b>FELEPHONE</b>				
PAYMENT DETAILS								
<b>M-PESA Pay Bill No:</b> 247247   <b>Account No.:</b> 300245   <b>Amount:</b> KES 81,200.00								
	NAME	ACCOUNT NAME			ACCOUNT NUMBER			
"		tified Human Resource Profe			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:								
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