

Mastering Performance Management Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
17th - 22nd Nov, 2025	08:30 AM-16:00	6 Day(s)	Pridelnn Diani, Mombasa	6	60,000.00

Course Overview

Performance management is at the heart of aligning individual and team goals with organizational success. This course empowers professionals to design, implement, and monitor performance management systems that drive productivity and accountability. Participants will explore effective strategies for setting measurable goals, providing constructive feedback, and fostering motivation. With hands-on sessions and actionable insights, attendees will leave equipped to transform workforce performance into a key competitive advantage.

Course Objectives

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

- Understand the principles of performance management systems.
- Develop measurable goals and Key Performance Indicators (KPIs).
- Implement strategies to address underperformance constructively.
- Foster employee motivation through recognition and feedback.
- Monitor, evaluate, and sustain workforce performance improvement.

Target Groups

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

- HR Professionals
- Team Leaders
- Managers Supervising Workforce Performance
- Performance Improvement Specialists

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



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NITA: NITA/TRN/1234

DATE: 09:10:2025

PROFORMA INVOICE

Invoice To:

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	Mastering Performance Management Training	60,000.00	9,600.00	69,600.00
GROSS: Sixty Nine Thousand Six Hundred				69,600.00

PAYMENT DETAILS

Pay Bill No: 247247 Account No.: 300245 Amount: KES 69,600.00

Bank Name: Equity Bank
Bank Account Name: Academy of Certified Human Resource Professionals Ltd
Bank Branch: Kenyatta Avenue
Bank Physical Address: Kenyatta Avenue
Bank Account Number: 1 2 9 0 2 7 1 2 4 5 7 5 3

Please complete tax details below to authorize this booking

Organization Name:

Phone Number: Organization KRA PIN:

Contact Person: Position:

Signature: Date:

Email the duly completed document to admin@achrp.org