

Knowledge Management (KM) for HR Professionals Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
26th - 31st 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 environment, HR professionals must go beyond traditional personnel management and strategically harness knowledge for better decision-making, talent development, and workplace innovation. This course equips HR leaders with practical techniques to create, store, and share institutional knowledge effectively. Participants will explore knowledge management frameworks, digital tools, and strategies that enhance workplace collaboration and organizational learning.

Course Objectives

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

- Understand the role of Knowledge Management (KM) in modern HR functions.
- Develop structured KM frameworks that support workforce performance and engagement.
- Facilitate knowledge sharing to enhance organizational learning.
- Utilize digital tools to store and distribute HR knowledge efficiently.
- Build a culture of continuous improvement through strategic knowledge application.

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	Knowledge Management (KM) for HR Professionals training from 26th - 31st May, 2025 at Blooming Suites, Naivasha	70,000.00	11,200.00	81,200.00
GROSS (KES): Eighty One Thousand Two Hundred				81,200.00

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:

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