

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.

NITA: NITA/TRN/1234

Capturing & Structuring HR Knowledge Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
7th Jun, 2025	08:00 AM-10:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

Course Overview

IHRM: C00259

Learn how to effectively document and organize crucial HR insights to prevent knowledge loss. This module covers best practices for institutional knowledge retention, structuring HR knowledge for easy access and retrieval, and developing effective repositories to support HR operations.

Course Objectives

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

- Learn best practices for institutional knowledge retention.
- Structure HR knowledge for easy access and retrieval.
- Develop effective repositories to support HR operations.

Target Groups

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

• HR Professionals

Video Link(s)

Module Title	Video Link	
Capturing & Structuring HR Knowledge	https://www.youtube.com/watch?v=P4iP50cT2l8	

DenMGathitu

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



To;

Academy of Certified Human Resource Professionals Ltd.

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

DATE: 26:12:2025

IHRM: C00259 NITA: NITA/TRN/1234

PROFORMA INVOICE

QTY	DESCR	DESCRIPTION			NET (KES) VAT (KES)	GROSS (KES)				
1	Capturing & Structuring HR Knowledge			1,500.00	240.00	1,740.00					
GRO	GROSS (KES): One Thousand Seven Hundred Forty 1,740.00										
PARTICIPANT(S) DETAILS											
NO.	NO. NAME		EMAIL ADDRESS			TELEPHONE					
PAYMENT DETAILS											
M-PESA Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00											
BAN	BANK NAME ACCOUNT NAME					ACCOUNT NUMBER					
Equity Bank			tified Human Resource Professionals Lt			1290271245753					
Bank Branch: Kenyatta Avenue			nue	Branch Code	: 129	Swift Cod	e: EQBLKENA				
FUNI	DING CO	NFIRMATION /	TAX DETAI	LS							
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. 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

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

4. The above training Cost does not include Transport & Accommodation