

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

IHRM: C00259

Cultivating a Learning & Knowledge-Driven Workplace Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
28th Jun, 2025	08:00 AM-10:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

Course Overview

Learn how to embed continuous learning into HR practices to ensure innovation and agility. This module equips you with strategies for fostering knowledge-driven cultures, implementing learning and development strategies through KM, aligning knowledge initiatives with organizational goals, and driving a culture of knowledge retention and employee growth.

Course Objectives

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

- Implement learning and development strategies through KM.
- Align knowledge initiatives with organizational goals.
- Drive a culture of knowledge retention and employee growth.

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		
Cultivating a Learning & Knowledge-Driven Workplace	https://www.youtube.com/watch?v=zl5lYc_NOdo		

DenPWSathitu

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



To;

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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	S) VAT (KES)	GROSS (KES)			
1	Cultivating a Learning & Knowledge-Driven Workplace			1,500.00	240.00	1,740.00				
GROSS (KES): One Thousand Seven Hundred Forty 1,740.0										
PARTICIPANT(S) DETAILS										
NO.	NAME		EMAIL ADDRESS		TELEPHONE					
PAYMENT DETAILS										
M-PESA Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00										
BANK NAME ACCOUNT NAME				ACCOUNT NUMBER						
Equity Bank				essionals Lt	td 1 2 9 0 2 7 1 2 4 5 7 5 3					
Bank Branch: Kenyatta Avenue Branch Code: 129 Swift Code: EQBLKENA							e: EQBLKENA			
FUN	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.										

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