

## Analyzing HR Functions & Spotting Improvement Areas Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
3rd Jul, 2025	8:30 AM-11:00	3 Hour(s)	Zoom, Online	1	1,500.00

### Course Overview

### Course Objectives

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

### 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
Analyzing HR Functions & Spotting Improvement Areas	<a href="https://www.youtube.com/watch?v=4X3zwuHP9ag">https://www.youtube.com/watch?v=4X3zwuHP9ag</a>

*Den PN Gathitu*

**CHRP. Den PN Gathitu**

**Secretary General**

**Academy of Certified Human Resource Professionals**

To;	<b>PROFORMA INVOICE</b>	<b>DATE: 25:01:2026</b>
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QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>Analyzing HR Functions &amp; Spotting Improvement Areas</b>	1,500.00	240.00	1,740.00
<b>GROSS (KES): One Thousand Seven Hundred Forty</b>				<b>1,740.00</b>

#### 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	Academy of Certified Human Resource Professionals Ltd	1 2 9 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: ..... Position: .....

Signature: ..... Date & Stamp: .....

#### NOTE THAT:

- Only those Delegates whose fees have been paid in full will be allowed to the event
- Send a scanned copy of the duly completed Nomination Form to [admin@achrp.org](mailto:admin@achrp.org)

The above training Cost does not include Transport & Accommodation