

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17th Floor, JKUAT Towers, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

2 +254 700 722 522 | **3** +254 722 300 245.

NITA: NITA/TRN/1234

Performance & Potential Assessment Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
27th Sep, 2025	8:00 AM-11:00 AM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

This module provides the tools to measure employee performance and assess potential for future leadership roles. Participants will learn to use KPIs and feedback systems to identify high-potential employees and create effective succession plans.

Course Objectives

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

• Measure performance and assess employee potential for succession planning.

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	
Performance & Potential Assessment	https://www.youtube.com/watch?v=s1mnlHwXyll	

Den Mathitu

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



DATE: 09:10:2025

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17^{th} Floor, JKUAT Towers, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

■ +254 700 722 522 | **●** +254 722 300 245.

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

IHRM: C00259 NITA: NITA/TRN/1234

PROFORMA INVOICE

Invoice To:								
QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)				
1	Performance & Potential Assessment Training	1,500.00	240.00	1,740.00				
GROS	SS: One Thousand Seven Hundred Forty		1,740.00					
PAYMENT DETAILS Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00								
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@actup.org								