

### Academy of Certified Human Resource Professionals Ltd.

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

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

■ +254 700 722 522 | ● +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=s1mnlHwXyII		

Den Pollettil

CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



To;

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

DATE: 30:11:2025

IHRM: C00259 NITA: NITA/TRN/1234

PROFORMA INVOICE

QTY	DESCR	DESCRIPTION			NET (KES)	VAT (KES)	GROSS (KES)				
1	Perfori	mance & Potenti	al Assessm	ent	t 1,500.00		1,740.00				
GRO	GROSS (KES): One Thousand Seven Hundred Forty 1,740.00										
PARTICIPANT(S) DETAILS											
NO.	NAME		EMAIL ADDRESS		T	ΓELEPHONE					
PAYMENT DETAILS  M-PESA Pay Bill No: 247247   Account No.: 300245   Amount: KES 1,740.00											
BANK NAME ACCOUNT NAME ACCOUNT NUMBER											
			tified Human Resource Professionals Ltd								
Bank Branch: Kenyatta Aver			nue   <b>Branch Code:</b> 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:											
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
- 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