

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

IHRM: C00259

Audit Reporting & Action Planning Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
3rd Oct, 2025	9:00 AM-12:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

This module focuses on the crucial final steps of the audit process: reporting and action planning. Participants will learn how to prepare executive summaries, present audit findings to stakeholders, and develop corrective action plans.

Course Objectives

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

• By the end of this module, participants will be able to prepare and present audit reports to management and stakeholders.

Target Groups

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

- HR Professionals
- HR Generalists aiming to specialize in HR auditing.
- HR Managers transitioning to advanced auditing roles.
- Professionals seeking certification as Human Resource Auditors.
- Internal Auditors focusing on HR compliance and risk.

Video Link(s)

Module Title Video Link

Den Philathita CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



DATE: 03:10:2025

Invoice To:

Academy of Certified Human Resource Professionals Ltd.

Email this invoice to admin@achrp.org

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PROFORMA INVOICE

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)						
1	Audit Reporting & Action Planning	1,500.00	240.00	1,740.00						
GROS	S: One Thousand Seven Hundred Forty		1,740.00							
PAYMENT DETAILS										
Pay Bill No: 247247										
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										
Organ	ization Name:									
Phone Number: Organization KRA PIN:										
Conta	Contact Person: Position:									
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Signat	zure: Date:									