

HR Audit Integration & Practice Training

| Date | Time | Duration | Venue | CPD | Cost (Excl. VAT)PP |
|---------------|-----------------|-----------|--------------|-----|--------------------|
| 3rd Oct, 2025 | 2:00 PM-5:00 PM | 3 Hour(s) | Zoom, Online | 1 | 1,500.00 |

Course Overview

The final module provides participants with a capstone experience. They will engage in a simulation, develop a personal audit strategy, and participate in a final wrap-up.

Course Objectives

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

- By the end of this module, participants will be able to align HR auditing with broader business goals and performance metrics and demonstrate practical application of all course concepts.

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 |
|---------------------------------|---|
| HR Audit Integration & Practice | https://www.youtube.com/watch?v=fZFoz6RpOHw |

**CHRP. Den PN Gathitu****Secretary General****Academy of Certified Human Resource Professionals**

To; **PROFORMA INVOICE** **DATE: 25:01:2026**

| QTY | DESCRIPTION | NET (KES) | VAT (KES) | GROSS (KES) |
|--|---------------------------------|-----------|-----------|-----------------|
| 1 | HR Audit Integration & Practice | 1,500.00 | 240.00 | 1,740.00 |
| GROSS (KES): One Thousand Seven Hundred Forty | | | | 1,740.00 |

PARTICIPANT(S) DETAILS

| NO. | NAME | EMAIL ADDRESS | TELEPHONE |
|-----|------|---------------|-----------|
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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:

1. Only those Delegates whose fees have been paid in full will be allowed to the event
2. Send a scanned copy of the duly completed Nomination Form to admin@achrp.org

The above training Cost does not include Transport & Accommodation