

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

Effective Personal Goal-Setting Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
5th Feb, 2022	8:30 AM-11:30 AM	3 Hour(s)	Zoom Webinar, Zoom	1	1,000.00

Course Overview

IHRM: C00259

Many people feel as if they're adrift in the world. They work hard, but they don't seem to get anywhere worthwhile. A key reason that they feel this way is that they haven't spent enough time thinking about what they want from life, and haven't set themselves formal goals. After all, would you set out on a major journey with no real idea of your destination? Probably not! Goal setting is a powerful process for thinking about your ideal future, and for motivating yourself to turn your visio

Course Objectives

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

- Introduction and Importance
- Types of Goals
- · Working on goal setting
- Goal Setting Action
- Achieving your Goal
- Goal setting case study
- Personal Goal Setting Q&A, Worksheets

Target Groups

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

- Managers and supervisors responsible for team performance.
- Business leaders seeking to enhance organizational effectiveness.

Video Link(s)

Module Title Video Link

Den Pollethille

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



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

NITA: NITA/TRN/1234 IHRM: C00259 DATE: 05:11:2025 PROFORMA INVOICE Invoice To: **OTY DESCRIPTION** NET (KES) VAT (KES) **GROSS (KES)** 1 Effective Personal Goal-Setting training 1,000.00 160.00 1,160.00 **GROSS:** One Thousand One Hundred Sixty 1,160.00 ***PAYMENT DETAILS*** **Pay Bill No:** 247247 **Account No.:** 300245 **Amount:** KES 1,160.00 Bank Name: Equity Bank Account Name: Academy of Certified Human Resource Professionals Ltd **Account Number:** 1 2 9 0 2 7 1 2 4 5 7 5 3 NOMINEE DETAILS We wish to Nominate our employee(s) listed below to attend the above training: # **NAME EMAIL ADDRESS TELEPHONE** NOMINATION AUTHORIZATION & FUNDING CONFIRMATION I, the undersigned, authorize this nomination and confirm that funds are available for this training. Name of Authorizer: Position: Mobile Phone No.: Email Address: Organization KRA PIN: Signature: Email this document to admin@achrp.org

NB: No credit facilities. Full payment is required before participation.