

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 | **S** +254 722 300 245.

NITA: NITA/TRN/1234

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

Effective Performance Appraisal System Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
27th - 28th Oct, 2022	8:30 AM-11:30 AM	2 Day(s)	Zoom Webinar, Zoom	2	3,000.00

Course Overview

IHRM: C00259

Course Objectives

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

- What is Performance Appraisal
- Purpose of Performance Appraisal
- Goals and Work Efforts
- Performance Criteria
- Steps in Performance Appraisal Process
- Who Should Do the Appraising
- Methods of Performance Appraisal
- Importance of Appraisal Interview
- Requirements of an Effective Appraisal System
- Errors of Performance Appraisal

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.
- All those involved in performance appraisals,

Video Link(s)

Module Title Video Link

DenMGathitu

CHRP. Den PN Gathitu **Secretary General**

Academy of Certified Human Resource Professionals



Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17 $^{\mbox{\tiny th}}$ 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

DATE: 05:11:2025 PROFOF		MA IN	IVOICE							
Invoice To:										
QTY	DESCRIPTION			NET (KES)	VAT	(KES)	GROSS (KES)			
1	Effective Performance Appraisal System training			3,000.00 480.0			3,480.00			
op.oo							2.400.00			
GROSS: Three Thousand Four Hundred Eighty 3,480.00										
PAYMENT DETAILS										
Pay Bill No: 247247										
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 ADDR	TELEPHONE					
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION										
Ι, the ι	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:										
Date:										
Email this document to <u>admin@achrp.org</u>										
NB: No credit facilities. Full payment is required before participation.										