

#### 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

#### **Strategic Employee Retention Training**

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

#### **Course Overview**

IHRM: C00259

Employees are deciding whether to stay or leave their employers. Recent surveys show upwards to an 50% increase in employee turnover as the economy improves. Those that fail to make employee retention a priority are at risk of losing their top talented people to the competition. In this Strategic Employee Retention webinar you will learn five key strategies that drive job satisfaction and employee engagement leading to high employee retention.

## **Course Objectives**

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

- What motivates employees
- Why Retention is a serious problem . . . . still?
- Strategic accountability approach to retention
- How to measure and monitor turnover and retention data
- Recruiting new employees
- Building motivation and commitment
- Employee retention case study

## **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 Pollethila

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



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

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DATE: 05:11:2025		PROFORMA I	NVOICE					
Invoice To:								
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)			
1	Strategic Employee Retention t	1,000.00	160.00	1,160.00				
GROS	1,160.00							
***PAYMENT DETAILS***								
<b>Pay Bill No:</b> 247247 <b>Account No.:</b> 300245 <b>Amount:</b> 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 ADDI	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:								
Date: Stamp:								
Email this document to <u>admin@achrp.org</u>								

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