

#### Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17<sup>th</sup> Floor, JKUAT Towers, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

**1** +254 700 722 522 | **3** +254 722 300 245.

NITA: NITA/TRN/1234

# IHRM: C00259

**Compensation & Rewards Management Training** 

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
9th Sep, 2023	8:30 AM-11:30 AM	3 Hour(s)	Webinar, Zoom	1	1,500.00

#### **Course Overview**

# **Course Objectives**

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

### Target Groups

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

- Managers and supervisors responsible for team performance.
- Human Resource Managers
- Legal advisors and compliance officers.
- HR Business Partners
- HR Officers
- People Managers

#### Video Link(s)

Module Title	Video Link
Compensation & Rewards Management	https://www.youtube.com/watch?v=Gj2AIVyZT-c

Den MGathitu

CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



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

IHRM:	C00259				NITA: NITA/TRN/1234					
DATE: 05:11:2025 PROFORMA INVOICE										
Invoice To:										
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)					
1	Compensation & Rewards Management training		1,500.00	240.00	1,740.00					
GROS	SS: One Thousand Seven Hundred Forty			1,740.00						
***PAYMENT DETAILS***										
	Pay Bill No: 247247 Account	No.:	300245 <b>Amo</b> ı	ı <b>nt:</b> KES 1,740.	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										
NOM	INEE DETAILS									
We wish to Nominate our employee(s) listed below to attend the above training:										
#	NAME		EMAIL ADDRESS		TELEPHONE					
	INATION AUTHORIZATION & FUNDING									
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 <a href="mailto:admin@achrp.org">admin@achrp.org</a>

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