

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17th Floor, JKUAT Towers, Kenyatta Avenue,

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

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

NITA: NITA/TRN/1234 IHRM: C00259

10th HR Symposium Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
15th - 18th Aug, 2023	08:30 AM-11:30 AM	4 Day(s)	Sarova Woodlands, Nakuru	6	60,000.00

Course Overview

The 10th HR Symposium will engage participants on management of people using performance, planned goals and objectives, measurement, feedback and recognition to motivate employee's to realize their maximum possible performance levels. The delegates will further examine the necessity of Performance Appraisal (PA) in the process of determining the personality, performance and potential of the employees of an organization as well as communicating to an employee how he or she is performing the job and establishing a plan for improvement.

Hence, it is crucial that an employee as well as his Manager should strive to improve the employee's performance levels to its maximum possible capability.

Performance Management refers to management of people using performance, planned goals and objectives, measurement, feedback and recognition to motivate people to realize their maximum potential.

Course Objectives

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

- Strategic Performance Management Systems
- Conducting Effective Performance Appraisals
- Improving Employee Performance

Target Groups

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

CHRP. Den PN Gathitu **Secretary General**

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DATE: 0	05:11:2025	PROFOR	MA IN	IVOICE					
Invoice To:									
QTY	DESCRIPTION			NET (KES)	VAT (KES)	GROSS (KES)		
1	10th HR Symposium training			60,000.00	9,600	.00	69,600.00		
GROSS: Sixty Nine Thousand Six Hundred					69,600.00				
PAYMENT DETAILS									
Pay Bill No: 247247 Account No.: 300245 Amount: KES 69,600.00									
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 ADDR	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:									
Email this document to <u>admin@achrp.org</u>									

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