

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.

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

NITA: NITA/TRN/1234

Knowledge Management for HR Professionals Training

Date	Time	Duration	Venue		Cost (Excl. VAT)PP
11th - 15th Dec, 2023	-	5 Day(s)	Lake Naivasha Resort, Naivasha	6	60,000.00

Course Overview

IHRM: C00259

Knowledge Management (KM) is a critical aspect of facilitating learning and growth in organizations. This module aims to equip Human Resource professionals with the skills and knowledge to effectively implement and manage a Knowledge Management System (KMS).

Course Objectives

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

- Understand the principles and practices of Knowledge Management.
- Gain insights into the importance of KM for HR.
- Understand how to design and implement a KM project.
- Evaluate tools and techniques for KM.
- Apply KM in real-world HR contexts, enhancing strategic decision-making.

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: 05:11:2025		PROFOR									
Invoice To:											
QTY	DESCRIPTION			NET (KES)	VAT ((KES)	GROSS (KES)				
1	Knowledge Management for HR Profession 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						
NOMI	NOMINATION AUTHORIZATION & FUNDING CONFIRMATION										
I, 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: Stamp:											
	Email this document to <u>admin@achrp.org</u>										
NB: No credit facilities. Full payment is required before participation.											