

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, I&M Tower, 15th Floor, Kenyatta Avenue,

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

2 +254 700 722 522 | **3** +254 722 300 245.

NITA: NITA/TRN/1234

IHRM: C00259

HR Audit Methods Training

| Date | Time | Duration | Venue | CPD | Cost (Excl. VAT)PP |
|---------------|-------------------|-----------|---------------|-----|--------------------|
| 9th Oct, 2024 | 05:00 PM-08:00 PM | 3 Hour(s) | Webinar, Zoom | 1 | 1,500.00 |

Course Overview

This session covers the various methods used in HR audits, including interviews, group discussions, observations, and document analysis.

Course Objectives

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

- Learn different HR audit methods.
- Practice data collection techniques.
- Develop skills in analyzing HR data.

Target Groups

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

Video Link(s)

| Module Title | Video Link |
|------------------|---|
| HR Audit Methods | https://www.youtube.com/watch?v=9GQd6zSkm68 |

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CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



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Academy of Certified Human Resource Professionals Ltd.

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

DATE: 14:12:2025

IHRM: C00259 NITA: NITA/TRN/1234

PROFORMA INVOICE

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| 1 | HR Au | R Audit Methods | | | | 240.00 | 1,740.00 | | | | |
| GRO | GROSS (KES): One Thousand Seven Hundred Forty 1,740.00 | | | | | | | | | | |
| PARTICIPANT(S) DETAILS | | | | | | | | | | | |
| NO. | NAME | | EMAIL ADDRESS | | | TELEPHONE | | | | | |
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| PAYMENT DETAILS | | | | | | | | | | | |
| M-PESA Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00 | | | | | | | | | | | |
| BAN | ANK NAME ACCOUNT NAME | | | | | ACCOUNT NUMBER | | | | | |
| Equity Bank Academy of Cert | | | tified Human Resource Professionals Ltd | | | 1 2 9 0 2 7 1 2 4 5 7 5 3 | | | | | |
| Bank Branch: Kenyatta Avenue Branch Code: 1 | | | | :129 | Swift Cod | e: EQBLKENA | | | | | |
| FUNI | DING CO | NFIRMATION / | TAX DET | AILS | | | | | | | |
| I, the undersigned, confirm that funds are available for the above training. | | | | | | | | | | | |
| Name of Organization: | | | | | | | | | | | |
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| Org. KRA PIN: | | | | | | | | | | | |
| Confi | rmed By: | | | Po | sition: | | | | | | |
| Signature: Date & Stamp: | | | | | | | | | | | |
| NOTE THAT: | | | | | | | | | | | |

1. Full payment is expected to be received prior to the event

2. Only those Delegates whose fees have been paid in full will be allowed to the event 3. Send a scanned copy of the duly completed Nomination Form to admin@achrp.org

Email the payment advice with this duly filled, signed, and stamped form to admin@achrp.org

4. The above training Cost does not include Transport & Accommodation