

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

Mastering Performance Management Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
17th - 22nd Nov, 2025	08:30 AM-16:00	6 Day(s)	PrideInn Diani, Mombasa	6	60,000.00

Course Overview

Performance management is at the heart of aligning individual and team goals with organizational success. This course empowers professionals to design, implement, and monitor performance management systems that drive productivity and accountability. Participants will explore effective strategies for setting measurable goals, providing constructive feedback, and fostering motivation. With hands-on sessions and actionable insights, attendees will leave equipped to transform workforce performance into a key competitive advantage.

Course Objectives

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

- Understand the principles of performance management systems.
- Develop measurable goals and Key Performance Indicators (KPIs).
- Implement strategies to address underperformance constructively.
- Foster employee motivation through recognition and feedback.
- Monitor, evaluate, and sustain workforce performance improvement.

Target Groups

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

- HR Professionals
- Team Leaders
- Managers Supervising Workforce Performance
- Performance Improvement Specialists

DenPOGethilu

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



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DATE: 05:11:2025		PROFORMA	INVOICE					
Invoice To:								
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)			
1	Mastering Performance Management training			9,600.00	69,600.00			
GROSS: Sixty Nine Thousand Six Hundred					69,600.00			
PAYMENT DETAILS								
Pay Bill No: 247247								
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 ADDRESS		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.