

#### 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

IHRM: C00259

## Fundamentals of HR Auditing & Techniques Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
18th Feb, 2025	09:00 AM-12:00 AM	3 Hour(s)	Zoom, Online	1	1,500.00

#### **Course Overview**

This webinar introduces the essentials of Human Resources (HR) Auditing, highlighting its significance in ensuring organizational success. Attendees will learn about the key stakeholders involved, various HR audit techniques, and common challenges encountered during the auditing process. The course also covers data collection methods crucial for a thorough audit.

## **Course Objectives**

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

- Understand the basic principles of HR Auditing.
- Identify the key stakeholders in the HR auditing process.
- Gain insights into different HR audit techniques and data collection methods.
- Recognize common challenges in HR Auditing.
- Comprehend the importance of HR auditing in achieving organizational success.

#### Target Groups

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

• HR Professionals

## Video Link(s)

Module Title	Video Link		
Fundamentals of HR Auditing & Techniques	https://www.youtube.com/watch?v=WheBPxJJ5PY		

DenPOGethilu

CHRP. Den PN Gathitu **Secretary General** 

**Academy of Certified Human Resource Professionals** 



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DATE: 05:11:2025 PROFOR			NVOICE						
Invoice To:									
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
1	Fundamentals of HR Auditing & Techniques training		1,500.00	240.00	1,740.00				
GROS	SS: One Thousand Seven Hur	idred Forty			1,740.00				
***PAYMENT DETAILS***									
<b>Pay Bill No:</b> 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 ADDI	TELEPHONE					
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION									
I, the	undersigned, authorize this r	nomination and confi	irm that funds a	re 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>									
NR. No credit facilities. Full payment is required before participation									