

#### Academy of Certified Human Resource Professionals Ltd.

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

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

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

NITA: NITA/TRN/1234

# Auditing Practices & HR Improvement Strategies Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
19th Feb, 2025	09:00 AM-12:00 AM	3 Hour(s)	Zoom, Online	1	1,500.00

### **Course Overview**

IHRM: C00259

This webinar focuses on advanced HR auditing practices and strategies for HR improvement. It includes analyzing HR metrics, benchmarking HR practices, and developing a comprehensive HR audit checklist. Participants will learn how to link audit findings to HR improvements and prioritize areas that need enhancement.

## **Course Objectives**

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

- Learn to analyze and interpret various HR metrics.
- Understand the process of benchmarking HR practices against industry standards.
- Develop a detailed HR audit checklist.
- Link audit findings to actionable HR improvement plans.
- Prioritize areas for HR improvement based on audit results.

### Target Groups

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

## Video Link(s)

Module Title	Video Link		
Auditing Practices & HR Improvement Strategies	https://www.youtube.com/watch?v=ajtXCfMCzCM		

DenPMGathitu

CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



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

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DATE: 05:11:2025		PROFOR	DFORMA INVOICE							
Invoice To:										
QTY	Y DESCRIPTION			NET (KES) VAT (F		KES) GROSS (KES)				
1	Auditing Practices & HR Improvement Strategies training			1,500.00	240.00		1,740.00			
GROS	S: One Thousand Seven Hur	dred 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 wi	sh to Nominate our employe	e(s) listed below	to at	tend the above	trainin	g:				
#	NAME			EMAIL ADDR	TELEPHONE					
NOM	NATION AUTHORIZATIO	N & FUNDING	CON	FIRMATION						
I, the	undersigned, authorize this r	omination and o	confir	m that funds ar	re avail	able for t	his 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.										