

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17^{th} Floor, JKUAT Towers, Kenyatta Avenue,

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

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IHRM: C00259 NITA: NITA/TRN/1234

Compliance & Implementing HR Audit Outcomes Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
20th Feb, 2025	08:30 AM-11:30 AM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

This webinar provides an in-depth look at compliance with labor laws and regulations, identifying key compliance areas, and understanding the consequences of non-compliance. It also covers how to communicate audit findings effectively, gain buy-in for HR improvements, and build a culture of continuous improvement within the organization.

Course Objectives

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

- Gain an overview of relevant labor laws and regulations.
- Identify key compliance areas in HR.
- Understand the consequences of non-compliance and strategies for sustaining compliance.
- Identify and address compliance gaps within the organization.
- Learn to communicate audit findings and gain organizational buy-in for HR improvements.
- Foster a culture of continuous improvement in HR practices.

Target Groups

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

Video Link(s)

Module Title	Video Link
Compliance & Implementing HR Audit Outcomes	https://www.youtube.com/watch?v=IdNF55EMtSU

DenPNGathilu

CHRP. Den PN Gathitu Secretary General

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

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DATE: 05:11:2025		PROFORM	A INVOICE						
Invoice To:									
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
1	Compliance & Implementin Outcomes training	g HR Audit	1,500.00	240.00	1,740.00				
GROS	S: One Thousand Seven Hun	dred Forty			1,740.00				
PAYMENT DETAILS									
Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00									
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									
NOM	INEE DETAILS								
We wish to Nominate our employee(s) listed below to attend the above training:									
#	NAME		EMAIL ADD	EMAIL ADDRESS					
NOM	NATION AUTHORIZATION	N & FUNDING C	CONFIRMATION						
I, the	undersigned, authorize this r	omination and co	onfirm that funds a	re 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.									