

#### 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 | **⑤** +254 722 300 245.

NITA: NITA/TRN/1234

## Foundations of Knowledge Management in HR Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
31st May, 2025	08:30 AM-10:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

### **Course Overview**

IHRM: C00259

Gain a strategic overview of KM and its relevance in HR. Understand how institutional knowledge impacts organizational success and workforce efficiency, the principles of KM in HR leadership, key areas where knowledge enhances HR functions, and the business case for strategic KM implementation.

### **Course Objectives**

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

- Understand KM principles and their role in HR leadership.
- Identify key areas where knowledge enhances HR functions.
- Learn the business case for strategic KM implementation.

### 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	
Foundations of Knowledge Management in HR	https://www.youtube.com/watch?v=VdUOaY32ImA	

DenPNGathitu

CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



# Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17<sup>th</sup> Floor, JKUAT Towers, Kenyatta Avenue,

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

**1** +254 700 722 522 | **3** +254 722 300 245.

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

IHRM: C00259 NITA: NITA/TRN/1234

DATE: 05:11:2025		PROFORMA II	NVOICE						
Invoice To:									
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
1	Foundations of Knowledge Management in training		1,500.00	240.00	1,740.00				
GROS	SS: One Thousand Seven Hun		1,740.00						
***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 ADDI	TELEPHONE					
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION									
I, the	undersigned, authorize this r	omination and confi	rm that funds a	re available for	this training.				
Name of Authorizer:									
Position:									
Mobile Phone No.: Email Address:									
Organization KRA PIN: Signature:									
Date: Stamp:									
Duto.									
	Email this document to <u>admin@achrp.org</u>								
NR. No credit facilities. Full payment is required before participation									