

#### 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 | **>** +254 722 300 245.

IHRM: C00259 NITA: NITA/TRN/1234

### **Capturing & Structuring HR Knowledge Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
7th Jun, 2025	08:00 AM-10:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

### **Course Overview**

Learn how to effectively document and organize crucial HR insights to prevent knowledge loss. This module covers best practices for institutional knowledge retention, structuring HR knowledge for easy access and retrieval, and developing effective repositories to support HR operations.

## **Course Objectives**

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

- Learn best practices for institutional knowledge retention.
- Structure HR knowledge for easy access and retrieval.
- Develop effective repositories to support HR operations.

### 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
Capturing & Structuring HR Knowledge	https://www.youtube.com/watch?v=P4iP50cT2l8

DenPHSathitu

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	MA INVOICE						
Invoice To:									
QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)					
1	Capturing & Structuring Hi training	1,500.00	240.00	1,740.00					
GROS	S: One Thousand Seven Hur	dred Forty			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 ADDF	EMAIL ADDRESS					
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: Stamp:									
Email this document to <u>admin@achrp.org</u>									
NB: No credit facilities. Full payment is required before participation.									