

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.

NITA: NITA/TRN/1234

Facilitating Knowledge Sharing & Collaboration Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
14th Jun, 2025	08:00 AM-10:30 AM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

Discover strategies to foster a culture of shared knowledge that enhances collaboration and improves decision-making. You will explore techniques for knowledge exchange in HR teams, address challenges in cross-functional collaboration, and implement frameworks for peer learning and mentorship.

Course Objectives

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

- Explore strategies for knowledge exchange in HR teams.
- Address challenges in cross-functional collaboration.
- Implement frameworks for peer learning and mentorship.

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			
Facilitating Knowledge Sharing & Collaboration	https://www.youtube.com/watch?v=tRxVTQZKz1E			

DenPNGathitu

CHRP. Den PN Gathitu Secretary General

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

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DATE:	TE: 05:11:2025 PROFORMA INVOICE									
Invoic	е То:									
QTY	DESCRIPTION			NET (KES)	VAT	(KES)	GROSS (K	ES)		
1	Facilitating Knowledge Sha Collaboration training	aring &		1,500.00	240.00		1,740.00			
GROS	GROSS: One Thousand Seven Hundred 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 ADDRESS		TELEPHONE					
NOM	INATION AUTHORIZATIO	N & FUNDING	CON	FIRMATION						
I, the	undersigned, authorize this r	nomination and c	confir	m that funds a	re avai	lable for	this training.			
Name	of Authorizer:									
Position:										
Mobile Phone No.: Email Address:										
Organization KRA PIN: Signature:										
Date:		Sta	ımp:							
	Email this document to <u>admin@achrp.org</u>									
NR. No credit facilities. Full payment is required before participation										