

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

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

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

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

IHRM: C00259 NITA: NITA/TRN/1234

### **Digital Solutions for Knowledge Management Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
21st Jun, 2025	8:30 AM-11:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

#### **Course Overview**

Explore how technology is transforming HR functions, making knowledge storage, automation, and AI-driven insights essential. This module focuses on evaluating HR technologies for effective KM application, using AI and analytics to enhance HR knowledge utilization, and developing automated KM systems for workplace efficiency.

## **Course Objectives**

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

- Evaluate HR technologies for effective KM application.
- Use AI and analytics to enhance HR knowledge utilization.
- Develop automated KM systems for workplace efficiency.

### 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		
Digital Solutions for Knowledge Management		https://www.youtube.com/watch?v=Uz9R497X_Dk		

DenPilathita 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 IN	IVOICE							
Invoice To:										
QTY	DESCRIPTION			NET (KES) VAT		(KES) GROSS (KES)				
1	Digital Solutions for Knowledge Manageme training		nt	1,500.00	240.00		1,740.00			
GROSS: One Thousand Seven Hundred 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 wish to Nominate our employee(s) listed below to attend the above training:										
#	NAME			EMAIL ADDRESS			TELEPHONE			
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION										
I, the	undersigned, authorize this r	nomination and c	onfir	m that funds ar	re avail	able for tl	nis 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.										