

Academy of Certified Human Resource Professionals Ltd.

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

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

2 +254 700 722 522 | **3** +254 722 300 245.

NITA: NITA/TRN/1234

HRLAW Kenya ™ Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
12th Jul, 2025	8:00 AM-10:30 AM	3 Hour(s)	Zoom, Zoom	1	1,500.00

Course Overview

IHRM: C00259

This 3-hour intensive session provides HR professionals, business leaders, and legal advisors with practical knowledge on Kenya's labor laws, compliance requirements, and legal frameworks governing employment. Participants will gain insights into contracts, termination procedures, employee rights, dispute resolution, and emerging HR legal trends, ensuring compliance with the Kenya Employment Act and labor policies.

Course Objectives

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

- Understand key employment laws and legal frameworks in Kenya..
- Explore compliance requirements for hiring, contracts, and workplace policies.
- Address termination laws, redundancy, and legal dispute resolution.
- Gain knowledge on emerging trends like remote work legalities, AI in HR, and Green HR compliance.
- Strengthen HR policies to align with legal expectations and best practices

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
HRLAW Kenya ™	https://www.youtube.com/watch?v=0Gtn9eBss0I

D. SOPLAT

CHRP. Den PN Gathitu Secretary General

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

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DATE: 05:11:2025		PROFORMA INVOICE							
Invoice To:									
QTY	DESCRIPTION			NET (KES)	VAT ((KES)	GROSS (KES)		
1	HRLAW Kenya ™ training			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									
NOMI	NEE DETAILS								
We wish to Nominate our employee(s) listed below to attend the above training:									
#	NAME			EMAIL ADDRESS			TELEPHONE		
NOMI	NATION AUTHORIZATION	N & FUNDING	CON	NFIRMATION					
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.