Academy of Certified Human Resource Professionals Ltd.
Regus Suites, I&M Tower, 15th Floor, Kenyatta Avenue,
P. O. Box 18582 - 00100, Nairobi, Kenya.
+254 700 722 522 | +254 722 300 245.
admin@achrp.org | https://achrp.org

IHRM: C00259 NITA: NITA/TRN/1234

Analyzing HR Functions & Spotting Improvement Areas Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
3rd Jul, 2025	8:30 AM-11:00	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

Course Objectives

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

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
Analyzing HR Functions & Spotting Improvement Areas	https://www.youtube.com/watch?v=4X3zwuHP9ag

CHRP. Den PN Gathitu
Secretary General
Academy of Certified Human Resource Professionals

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To;	PROFORMA INVOICE	DATE: 02:01:2026

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	**Analyzing HR Functions & Spotting Improvement Areas**	1,500.00	240.00	1,740.00
GROSS (KES): One Thousand Seven Hundred Forty				**1,740.00**

PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

PAYMENT DETAILS

M-PESA Pay Bill No: 247247 | **Account No.:** 300245 | **Amount:** KES 1,740.00

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER
Equity Bank	Academy of Certified Human Resource Professionals Ltd	1 2 9 0 2 7 1 2 4 5 7 5 3

Bank Branch: Kenyatta Avenue | **Branch Code:** 129 | **Swift Code:** EQBLKENA

FUNDING CONFIRMATION / TAX DETAILS

I, the undersigned, confirm that funds are available for the above training.

Name of Organization: .....

Org. KRA PIN: ..... Org. Mobile No.: .....

Confirmed By: ..... Position: .....

Signature: ..... Date & Stamp: .....

NOTE THAT:

1. Full payment is expected to be received prior to the event
2. Only those Delegates whose fees have been paid in full will be allowed to the event
3. Send a scanned copy of the duly completed Nomination Form to admin@achrp.org
4. The above training Cost does not include Transport & Accommodation

Email the payment advice with this duly filled, signed, and stamped form to admin@achrp.org