

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

Regus Suites, 17<sup>th</sup> Floor, JKUAT Towers, Kenyatta Avenue,

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

**=** +254 700 722 522 | **©** +254 722 300 245.

NITA: NITA/TRN/1234

### **Legal and Regulatory Compliance Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
1st Oct, 2025	2:00 PM-5:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

### **Course Overview**

IHRM: C00259

# 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
- HR Generalists aiming to specialize in HR auditing.
- HR Managers transitioning to advanced auditing roles.
- Professionals seeking certification as Human Resource Auditors.
- Internal Auditors focusing on HR compliance and risk.

### Video Link(s)

Module Title	Video Link
Legal and Regulatory Compliance	https://www.youtube.com/watch?v=5Z0FI7hfZg4

Den Mathitu

CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



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

IHRM: C00259 NITA: NITA/TRN/1234

DATE: 05:11:2025		PROFORM	IA INVOICE						
Invoice To:									
QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)					
1	Legal and Regulatory Comp	1,500.00	240.00	1,740.00					
GROS	S: One Thousand Seven Hun	dred Forty			1,740.00				
***PAYMENT DETAILS***									
<b>Pay Bill No:</b> 247247 <b>Account No.:</b> 300245 <b>Amount:</b> 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									
NOMINEE DETAILS									
We wi	We wish to Nominate our employee(s) listed below to attend the above training:								
#	NAME	EMAIL ADDI	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.