

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 **1 2** +254 722 300 245.

NITA: NITA/TRN/1234

HR Risk Management & Data Analysis Training

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

Course Overview

IHRM: C00259

This module delves into identifying and managing HR-related risks. It covers risk identification, internal controls, and the use of data analysis and audit sampling techniques to assess risk.

Course Objectives

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

 By the end of this module, participants will be able to identify compliance risks and areas for operational improvement.

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		
HR Risk Management & Data Analysis	https://www.youtube.com/watch?v=hlKDtDgbyrU		

DenMGathilu

CHRP. Den PN Gathitu Secretary General

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DATE: 05:11:2025		PROFORMA INVOICE							
Invoice To:									
QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)					
1	1 HR Risk Management & Data Analysis training			240.00	1,740.00				
GROS	S: One Thousand Seven Hun	dred Forty			1,740.00				
PAYMENT DETAILS									
Pay Bill No: 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 ADDR	TELEPHONE					
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.