

Academy of Certified Human Resource Professionals Ltd.

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

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

■ +254 700 722 522 | ● +254 722 300 245.

NITA: NITA/TRN/1234

HR Audit Integration & Practice Training

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

Course Overview

IHRM: C00259

The final module provides participants with a capstone experience. They will engage in a simulation, develop a personal audit strategy, and participate in a final wrap-up.

Course Objectives

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

• By the end of this module, participants will be able to align HR auditing with broader business goals and performance metrics and demonstrate practical application of all course concepts.

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

CHRP. Den PN Gathitu Secretary General

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

IHRM: C00259 NITA: NITA/TRN/1234

| DATE: 05:11:2025 | | PROFORMA INVOICE | | | | | | | | | |
|--|---|------------------|--|---------------|--------|------|-------------|--|--|--|--|
| Invoice To: | | | | | | | | | | | |
| | | | | | | | | | | | |
| QTY | DESCRIPTION | | | NET (KES) | VAT (| KES) | GROSS (KES) | | | | |
| 1 | | | | 1,500.00 | 240.00 | | 1,740.00 | | | | |
| | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 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. | | | | | | | | | | | |