

## Performance Management Training

| Date                  | Time             | Duration | Venue  | CPD | Cost (Excl. VAT)PP |
|-----------------------|------------------|----------|--------|-----|--------------------|
| 26th - 27th Nov, 2020 | 8:30 AM-11:30 AM | 2 Day(s) | , Zoom | 2   | 3,000.00           |

### 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;

### Video Link(s)

| Module Title | Video Link |
|--------------|------------|
|--------------|------------|



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

|     |                  |                  |
|-----|------------------|------------------|
| To: | PROFORMA INVOICE | DATE: 30:01:2026 |
|     |                  |                  |

| QTY                                | DESCRIPTION                   | NET (KES) | VAT (KES) | GROSS (KES)     |
|------------------------------------|-------------------------------|-----------|-----------|-----------------|
| 1                                  | <b>Performance Management</b> | 3,000.00  | 0.00      | 3,000.00        |
| <b>GROSS (KES):</b> Three Thousand |                               |           |           | <b>3,000.00</b> |

| PARTICIPANT(S) DETAILS |      |               |           |
|------------------------|------|---------------|-----------|
| NO.                    | NAME | EMAIL ADDRESS | TELEPHONE |
|                        |      |               |           |
|                        |      |               |           |
|                        |      |               |           |
|                        |      |               |           |
|                        |      |               |           |

| PAYMENT DETAILS   |   |                           |
|---|---|---------------------------|
| M-PESA Pay Bill No: 247247   Account No.: 300245   Amount: KES 3,000.00 |   |                           |
| 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. Only those Delegates whose fees have been paid in full will be allowed to the event                               |  |
| 2. Send a scanned copy of the duly completed Nomination Form to <a href="mailto:admin@achrp.org">admin@achrp.org</a> |  |
| The above training Cost does not include Transport & Accommodation   |  |