

## Mastering Knowledge Management Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
15th - 19th Jul, 2024	08:30 AM-11:30 AM	5 Day(s)	Lake Naivasha Resort, Naivasha	6	60,000.00

### Course Overview

This course provides comprehensive insights into Knowledge Management (KM) principles, strategies, and tools to optimize information flow within organizations. Participants will learn to harness the power of collective knowledge to drive innovation, efficiency, and competitive advantage.

### Course Objectives

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

- Understand the fundamentals of Knowledge Management.
- Explore KM frameworks and models.
- Develop skills to implement KM strategies effectively.
- Analyze case studies to draw practical insights.
- Utilize tools and technology for efficient knowledge sharing.

### Target Groups

This training is suitable to a wide range of professionals but will greatly benefit;

- Mid to senior-level managers
- KM professionals
- HR and IT managers
- Project managers
- Organizational consultants



**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>Mastering Knowledge Management</b> training from <b>15th - 19th Jul, 2024</b> at <b>Lake Naivasha Resort, Naivasha</b>	60,000.00	0.00	60,000.00
<b>GROSS (KES):</b> Sixty Thousand				<b>60,000.00</b>

PARTICIPANT(S) DETAILS			
NO.	NAME	EMAIL ADDRESS	TELEPHONE

PAYMENT DETAILS		
M-PESA Pay Bill No: 247247   Account No.: 300245   Amount: KES 60,000.00		
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