

Foundations of HR Audit Training

| Date | Time | Duration | Venue | CPD | Cost (Excl. VAT)PP |
|---------------|-------------------|-----------|---------------|-----|--------------------|
| 7th Oct, 2024 | 05:00 PM-08:00 PM | 3 Hour(s) | Webinar, Zoom | 1 | 1,500.00 |

Course Overview

This session introduces participants to the fundamentals of HR auditing, emphasizing its importance in ensuring compliance, improving HR processes, and aligning HR practices with organizational goals.

Course Objectives

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

- Understand the need and objectives of HR audits.
- Define the scope and limitations of HR audits.
- Identify the requirements for effective HR auditors.

Target Groups

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

Video Link(s)

| Module Title | Video Link |
|-------------------------|---|
| Foundations of HR Audit | https://www.youtube.com/watch?v=LNyRx7ofpIQ |



CHRP. Den PN Gathitu

Secretary General

Academy of Certified Human Resource Professionals

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| To; | PROFORMA INVOICE | DATE: 30:01:2026 |
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| QTY | DESCRIPTION | NET (KES) | VAT (KES) | GROSS (KES) |
|---|--------------------------------|-----------|-----------|-----------------|
| 1 | Foundations of HR Audit | 1,500.00 | 0.00 | 1,500.00 |
| GROSS (KES): One Thousand Five Hundred | | | | 1,500.00 |

PARTICIPANT(S) DETAILS

| NO. | NAME | EMAIL ADDRESS | TELEPHONE |
|-----|------|---------------|-----------|
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PAYMENT DETAILS

M-PESA Pay Bill No: 247247 | **Account No.:** 300245 | **Amount:** KES 1,500.00

| 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 admin@achrp.org

The above training Cost does not include Transport & Accommodation