

## Auditing Practices & HR Improvement Strategies Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
19th Feb, 2025	09:00 AM-12:00 AM	3 Hour(s)	Zoom, Online	1	1,500.00

### Course Overview

This webinar focuses on advanced HR auditing practices and strategies for HR improvement. It includes analyzing HR metrics, benchmarking HR practices, and developing a comprehensive HR audit checklist. Participants will learn how to link audit findings to HR improvements and prioritize areas that need enhancement.

### Course Objectives

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

- Learn to analyze and interpret various HR metrics.
- Understand the process of benchmarking HR practices against industry standards.
- Develop a detailed HR audit checklist.
- Link audit findings to actionable HR improvement plans.
- Prioritize areas for HR improvement based on audit results.

### Target Groups

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

### Video Link(s)

Module Title	Video Link
Auditing Practices & HR Improvement Strategies	<a href="https://www.youtube.com/watch?v=ajtXCfMCzCM">https://www.youtube.com/watch?v=ajtXCfMCzCM</a>

*Den PN Gathitu*

**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>Auditing Practices &amp; HR Improvement Strategies</b>	1,500.00	240.00	1,740.00
<b>GROSS (KES): One Thousand Seven Hundred Forty</b>				<b>1,740.00</b>

#### PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

#### PAYMENT DETAILS

**M-PESA Pay Bill No:** 247247 | **Account No.:** 300245 | **Amount:** KES 1,740.00

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
<b>Bank Branch:</b> Kenyatta Avenue		<b>Branch Code:</b> 129   <b>Swift Code:</b> 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](mailto:admin@achrp.org)

The above training Cost does not include Transport & Accommodation