

## 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>



**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):</b> One Thousand Seven Hundred Forty				<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
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	