

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17th Floor, JKUAT Towers, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

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NITA: NITA/TRN/1234

Talent Management Fundamentals Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
13th Sep, 2025	8:00 AM-11:00 AM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

This module introduces the core principles of talent management, its strategic importance, and its role in modern organizations. Participants will learn how to align workforce capabilities with organizational goals by identifying workforce gaps and ensuring talent is strategically relevant.

Course Objectives

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

• Understand the fundamentals of talent management, including strategic workforce planning, KSA (knowledge, skills, and abilities) relevance, talent alignment, and identifying workforce gaps.

Target Groups

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

• HR Professionals

Video Link(s)

Module Title	Video Link		
Talent Management Fundamentals	https://www.youtube.com/watch?v=Svxz2Nak8-g		

Den MGathitu

CHRP. Den PN Gathitu **Secretary General**

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DATE: (06:11:2025	PROFORMA INVOICE										
Invoice To:												
QTY	OTY DESCRIPTION			NET (KES) VAT		T (KES) GROSS (KES)						
1	Talent Management Funda	nentals training	1,	1,500.00 240.00		0	1,740.00					
GROSS: One Thousand Seven Hundred Forty 1,740.00												
PAYMENT DETAILS												
	Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00											
Bank Name: Equity Bank Account Name: Academy of Certified Human Resource Professionals Ltd Account Number: 1 2 9 0 2 7 1 2 4 5 7 5 3												
NOMINEE DETAILS												
We wi	sh to Nominate our employee	e(s) listed below t	to atte	nd the above	training	g:						
#	NAME		EMAIL ADDRESS				TELEPHONE					
NOMI	NATION AUTHORIZATION	N & FUNDING (CONFI	RMATION								
I, the	undersigned, authorize this n	omination and co	onfirm	that funds ar	e availa	able for tl	nis training.					
Name	of Authorizer:		•••••	•••••		•••••						
Positio	on:		• • • • • • • • • • • • • • • • • • • •		•••••							
Mobile Phone No.: Email Address:												
Organization KRA PIN: Signature:												
Date: Stamp:												
Email this document to <u>admin@achrp.org</u>												
NB: No credit facilities. Full payment is required before participation.												