

## HR Risk Management & Data Analysis Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
2nd Oct, 2025	2:00 PM-5:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

### Course Overview

This module delves into identifying and managing HR-related risks. It covers risk identification, internal controls, and the use of data analysis and audit sampling techniques to assess risk.

### Course Objectives

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

- By the end of this module, participants will be able to identify compliance risks and areas for operational improvement.

### Target Groups

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

- HR Professionals
- HR Generalists aiming to specialize in HR auditing.
- HR Managers transitioning to advanced auditing roles.
- Professionals seeking certification as Human Resource Auditors.
- Internal Auditors focusing on HR compliance and risk.

### Video Link(s)

Module Title	Video Link
HR Risk Management & Data Analysis	<a href="https://www.youtube.com/watch?v=hIKDtDgbyrU">https://www.youtube.com/watch?v=hIKDtDgbyrU</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	HR Risk Management & Data Analysis	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		
<b>M-PESA Pay Bill No:</b> 247247   <b>Account No.:</b> 300245   <b>Amount:</b> 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 <a href="mailto:admin@achrp.org">admin@achrp.org</a>
The above training Cost does not include Transport & Accommodation