

Certified Human Resource Auditor Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
17th - 22nd Nov, 2025	08:30 AM-4:00 PM	6 Day(s)	Bliss Resort, Mombasa	6	60,000.00

Course Overview

The Certified Human Resource Auditor (CHRA) program is a specialized 6-day certification course designed for HR professionals, compliance officers, and internal auditors. It offers a deep dive into HR audit methodology, regulatory standards, and best practices for ensuring integrity and legal alignment across HR systems. Participants will explore key functions such as talent acquisition, performance, compensation, benefits, and employee relations—identifying gaps and implementing remediation strategies to drive organizational compliance and performance.

Course Objectives

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

- Understand the structure, scope, and strategic value of HR audits.
- Evaluate the effectiveness of HR policies, procedures, and practices.
- Assess HR documentation against legal, financial, and ethical standards.
- Identify compliance risks and areas for operational improvement.
- Prepare and present audit reports to management and stakeholders.
- Align HR auditing with broader business goals and performance metrics.

Target Groups

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

- Senior and mid-level HR professionals
- Internal auditors and compliance officers
- Organizational development specialists
- HR consultants and legal advisors
- Business executives overseeing HR governance



CHRP. Den PN Gathitu

Secretary General

Academy of Certified Human Resource Professionals



DATE: 06:11:2025	PROFORMA INVOICE	
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Invoice To:

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QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	Certified Human Resource Auditor training	60,000.00	9,600.00	69,600.00
GROSS: Sixty Nine Thousand Six Hundred				69,600.00

*****PAYMENT DETAILS*****

Pay Bill No: 247247 **Account No.:** 300245 **Amount:** KES 69,600.00

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 wish to Nominate our employee(s) listed below to attend the above training:

#	NAME	EMAIL ADDRESS	TELEPHONE

NOMINATION AUTHORIZATION & FUNDING CONFIRMATION

I, the undersigned, authorize this nomination and confirm that funds are available for this training.

Name of Authorizer:

Position:

Mobile Phone No.: Email Address:.....

Organization KRA PIN: Signature:.....

Date: Stamp:.....

Email this document to admin@achrp.org

NB: No credit facilities. Full payment is required before participation.