



The Professional Body of HR Practitioners in Kenya

OFFICE OF THE EXECUTIVE DIRECTOR

**P. O. Box 6132-00300, NAIROBI, KENYA. TELEPHONE: +254727792001,
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**PRE-QUALIFICATION OF TRAINERS
FOR THE YEAR 2024/2025**

The Institute of Human Resource Management (IHRM) is a Statutory Professional Body established under the Human Resource Management Professionals (HRMP) Act, No.52 of 2012. Its mandate is to regulate the HR profession in Kenya. IHRM wishes to maintain a pool of qualified trainers who can provide services as per the IHRM Continuing Professional Development (CPD) program. IHRM is therefore, inviting potential trainers, and HR firms who are highly qualified within the relevant fields to register and participate in the pre-qualification process.

Eligibility Criteria:

a) Individual Consultant

1. Duly filled and signed pre-qualification form
2. Copy of a current membership/practicing certificate of relevant professional body
3. Copy of a valid tax compliance
4. Reference list of organizations trained

b) Training Firms

1. A dully filled and signed pre-qualification form.
2. A detailed company profile.
3. A list of qualified trainers
4. A current IHRM certificate of accreditation.
5. A copy of certificate of Incorporation or Business Registration.
6. A copy of the current Tax Compliance certificate
7. Must have a minimum of 5 years' experience in offering similar assignments.
(Provide recommendation letters).
8. A six months certified bank statement.

Applicants should submit **their pre-qualification documentation** through the email: procurement@ihrm.or.ke by **1st April 2024**

Should be addressed to:

**THE EXECUTIVE DIRECTOR
INSTITUTE OF HUMAN RESOURCE MANAGEMENT
P.O. BOX 6132 – 00300, NAIROBI**

ELIGIBILITY CRITERIA

A. INDIVIDUAL CONSULTANT

1. Duly filled and signed pre-qualification form
2. Copy of a current membership/practicing certificate of relevant professional bodies
3. Copy of a valid tax compliance
4. Reference list of organizations trained
5. Qualifications; Academic, professional and Experience

Expertise and Qualifications:

1. Qualifications; the ideal candidates to possess sound educational background by having acquired a minimum of a Bachelor's degree and Professional qualification in the relevant field.
2. Updated Resume.
3. Minimum of 7 years of experience in training
4. Brief Bio (250 words)
5. Professional experience in developing relevant learning content. **(Provide Links/Videos)**
6. Professional experience in facilitating workshops **Provide Recommendation letters.**
7. Excellent public speaking, presentation and communication skills. **Provide a video evidence.**

B. TRAINING FIRMS

1. A dully filled and signed pre-qualification form.
2. A detailed company profile.
3. A list of qualified trainers
4. A current certificate of accreditation from relevant bodies.
5. A copy of certificate of Incorporation or Business Registration. (Registration in Kenya)
6. A copy of the current Tax Compliance certificate
7. Must have a minimum of 5 years' experience in offering similar assignments. (Provide recommendation letters).
8. A six months certified bank statements

C. GENERAL INSTRUCTIONS

You are requested to provide particulars as indicated in this form as accurately as possible and where space provided is not sufficient, please use a separate sheet of paper and attach to this form.

IHRM attaches great importance to correct information given. If the information given is found to be incorrect in any respect, the applicant shall be rendered ineligible for registration/deregistered.

IHRM reserves the right to visit and inspect business premises of all the training firms to verify information provided.

All the information provided would be treated as confidential.

D. ADDITIONAL INFORMATION

The Institute of Human Resource Management (IHRM) reserves the right to request submission of additional information from prospective bidders.

PRE-QUALIFICATION INDIVIDUAL FORM

APPLICANT INFORMATION

Name of the

Applicant:.....

National

ID/Passport:.....

Postal

Address:.....

Physical

Address:.....

Email Address: **KRA Pin**

Telephone Number:

PART I.PAST EXPERIENCE

Past performance will be given due consideration in registering trainers. Letter of reference from past clients **MUST** be provided.

(List organizations trained in the table below and provide evidence)

NO	ORGANIZATION	AREA TRAINED	DATE	CONTACT
1				
2				
3				
4				
5				
6				
7				
8				
9				

PART II. QUALIFICATIONS; ACADEMIC, PROFESSIONAL

The ideal trainer to possess sound educational background by having acquired a minimum of a Bachelor's degree and Professional qualification in the relevant field.

(Start with the highest qualification also attach academic/professional certificates)

NO	QUALIFICATION	INSTITUTION	YEAR
1			
2			
3			
4			

PART III. AREAS OF INTEREST

Trainers to clearly indicate the areas they are interested to train as per the IHRM CPD Calendar

NO.	AREAS OF INTEREST (MAXIMUM 4)-REFER TO CPD CALENDAR
1.	
2.	
3.	
4.	

PART VII: SWORN STATEMENT

I declare that to the best of my knowledge the answers submitted in this Registration questionnaires (and any supporting documentation) are correct. I understand that any misrepresentation will render my organization ineligible to participate in any future business activities with IHRM.

Having studied the Registration information for the above provision of goods, works or services applied for I hereby state:

The information and answers furnished in this Registration questionnaire form (and any supporting documentation) are correct to the best of our knowledge and I understand that any misrepresentation will render my organization ineligible to participate in any future business activities with IHRM.

That in case of being registered we acknowledge that this grants us the right to participate in due time in the submission of a tender or quotation on the basis of provisions in the tender or quotation documents to follow.

We enclose all the required documents and information required for the Registration evaluation.

We will not engage in corrupt practices with the Service / Members of Staff.

We have not been debarred from participating in Public Procurement Proceedings.

FORM COMPLETED BY	
Date:	
Name:	
Designation	
Signature:	
Stamp or seal	

(Full name and designation of the person signing and affix Rubber stamp/seal)