

#### Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17<sup>th</sup> Floor, JKUAT Towers, Kenyatta Avenue,

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

**2** +254 700 722 522 | **3** +254 722 300 245.

admin@achrp.org | https://achrp.org

NITA: NITA/TRN/1234

## **Essential Skills for Workplace Coaching Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
7th May, 2022	8:30 AM-11:30 AM	3 Hour(s)	Webinar, Zoom	1	1,000.00

## **Course Overview**

IHRM: C00259

## **Course Objectives**

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

- · Coaching Introduction and Background
- · Coaching principles and characteristics
- Important concepts of coaching
- Coaching models
- Types of coaching and coaching styles
- · Coaching sessions and approaches
- · Key Learning's

## Target Groups

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

• Managers and supervisors responsible for team performance.

### Video Link(s)

Module Title Video Link

Den PM Sathita CHRP. Den PN Gathitu

Secretary General Academy of Certified Human Resource Professionals



IHRM: C00259

#### Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17<sup>th</sup> Floor, JKUAT Towers, Kenyatta Avenue,

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

**1** +254 700 722 522 | **3** +254 722 300 245.

admin@achrp.org | https://achrp.org

NITA: NITA/TRN/1234

DATE: 03:11:2025 PROFORMA INVOICE

Invoice To:

Invoice To:		
Organization Name	Phone Number	Email Address

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	Essential Skills for Workplace Coaching training	1,000.00	160.00	1,160.00
GROSS: One Thousand One Hundred Sixty 1,160.00			1,160.00	

# \*\*\*PAYMENT DETAILS\*\*\*

**Pay Bill No:** 247247 **Account No.:** 300245 **Amount:** KES 1,160.00

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 as	nd confirm that funds are available for this training.
Name of Authorizer:	
Position:	
Mobile Phone No.: En	mail Address:
Organization KRA PIN:	Signature:
Date:	Stamp:

## Email this document to admin@achrp.org

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