

Academy of Certified Human Resource Professionals Ltd.

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

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

1 +254 700 722 522 **1 2** +254 722 300 245.

NITA: NITA/TRN/1234

8th HR Symposium Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
8th - 11th Mar, 2022	9:00 AM-4:00 PM	4 Day(s)	PrideInn Paradise, Mombasa	6	55,000.00

Course Overview

IHRM: C00259

To drive Inclusive Work Cultures, leaders must help employees feel supported, heard and valued. They must reward inclusive behaviors while proactively addressing exclusionary behaviors that single out, overlook, and devalue individuals' unique contributions and sense of belonging. Participants will learn how to help their workforce build great organization culture, adapt to new positive attitudes and organizational values and implement organizational change management concepts in order to improv

Course Objectives

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

- Diversity Management
- Building a Great Organizational Culture
- Organization Change Management (OCM)
- Creating Great Workplace Attitudes
- Emotional Intelligence

Target Groups

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

- Managers and supervisors responsible for team performance.
- HR professionals focused on performance evaluations.
- Business leaders seeking to enhance organizational effectiveness.

DenMGathitu

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



DATE: 03:11:2025

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

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PROFORMA INVOICE

Invoice To:								
Organization Name		Phone Number		Email Add	Email Address			
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)			
1	8th HR Symposium training		55,000.00	8,800.00	63,800.00			
GROSS: Sixty Three Thousand Eight Hundred					63,800.00			
PAYMENT DETAILS								
Pay Bill No: 247247								
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.