Academy of Certified Human Resource Professionals Ltd.
Regus Suites, 17th Floor, JKUAT Towers, Kenyatta Avenue,
P. O. Box 18582 - 00100, Nairobi, Kenya.
+254 700 722 522 | +254 722 300 245.
admin@achrp.org | https://achrp.org

IHRM: C00259 NITA: NITA/TRN/1234

Workplace Mental Health Awareness Champion Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
2nd - 7th Feb, 2026	08:30 AM-4:00 PM	6 Day(s)	Blooming Suites, Naivasha	6	60,000.00

Course Overview

This immersive course equips HR professionals, wellness coordinators, and people leaders with advanced tools to deliver mental health support and emotional counseling within organizational contexts. Participants learn to create psychologically safe spaces, intervene ethically in mental health cases, and champion wellness initiatives that respond to real behavioral risks. Grounded in workplace realities and aligned with mental health protocols, this course blends counseling psychology, therapeutic frameworks, peer support design, and strategic policy alignment. Graduates emerge as certified internal counselors equipped to transform

Course Objectives

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

- Apply foundational counseling principles and behavioral health techniques in workplace scenarios.
- Conduct effective supportive sessions and emotional check-ins with staff.
- Recognize symptoms of workplace trauma, anxiety, depression, and burnout.
- Deliver low-level therapeutic interventions and refer complex cases ethically.
- Design targeted mental wellness plans using organizational diagnostics.
- Facilitate coaching and conversations that promote psychological safety.

Target Groups

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

- HR Professionals
- Workplace Counsellors
- Managers Promoting Employee Wellness
- Organizational Wellness Strategists

CHRP. Den PN Gathitu
Secretary General
Academy of Certified Human Resource Professionals

EMPOWER • INNOVATE • LEAD

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DATE: 03:11:2025	**PROFORMA INVOICE**	

Invoice To:

Organization Name	**Phone Number**	**Email Address**

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	Workplace Mental Health Awareness Champion 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.