

Mastering Human Resource Business Partnering Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
8th - 13th Dec, 2025	8:00 AM-4:00 PM	6 Day(s)	Bliss Resort, Mombasa	6	60,000.00

Course Overview

This six-day training program empowers HR professionals to become strategic business partners. Participants will learn to align HR strategies with organizational goals, build strong stakeholder relationships, and leverage analytics for evidence-based HR leadership. The course blends real-world scenarios, diagnostic workshops, and hands-on strategy sessions to foster adaptability and strategic confidence. Graduates will be equipped to influence decision-making, drive innovation, and position HR as a key contributor to organizational success.

Course Objectives

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

- Understand the role and value of the HR Business Partner in modern organizations.
- Align HR initiatives with business objectives through strategic planning.
- Use data and workforce analytics to inform HR decisions.
- Strengthen stakeholder relationships across departments and leadership tiers.
- Lead innovation and transformation through collaborative HR practices.

Target Groups

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

- HR Professionals
- HR Business Partners
- HR Managers Transitioning to Strategic Roles
- Leadership Teams Collaborating with HR
- HR Executives
- People Managers
- Human Resource Department

Den PN Gathitu

CHRP. Den PN Gathitu

Secretary General

Academy of Certified Human Resource Professionals

DATE: 03:11:2025

PROFORMA INVOICE

Invoice To:

Organization Name	Phone Number	Email Address

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	Mastering Human Resource Business Partnering 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.