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

Strategic HR Partnership Foundations Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
29th Oct, 2025	10:00 AM-1:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

This module introduces the HR Business Partner (HRBP) role and its strategic integration within the business. Participants explore how to build trust, influence leadership, and position HR as a value-adding partner.

Course Objectives

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

- Define the HRBP role and its strategic contribution
- Understand business integration and partnership dynamics
- Build trust and credibility with internal stakeholders

Target Groups

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

- HR Professionals seeking strategic elevation
- HR Business Partners (current or transitioning)
- HR Managers preparing for business-facing leadership
- Leadership teams collaborating with HR on transformation

Video Link(s)

Module Title	Video Link
Strategic HR Partnership Foundation	https://www.youtube.com/watch?v=0Xxe5qnUiAM

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

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

EMPOWER • INNOVATE • LEAD

IHRM: C00259 NITA: NITA/TRN/1234

DATE: 03:11:2025	PROFORMA INVOICE	

Invoice To:

Organization Name	Phone Number	Email Address

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	Strategic HR Partnership Foundations training	1,500.00	240.00	1,740.00
GROSS: One Thousand Seven Hundred Forty				**1,740.00**

PAYMENT DETAILS

Pay Bill No: 247247 **Account No.:** 300245 **Amount:** KES 1,740.00

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.