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

HR Strategy & Organizational Alignment Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
29th Oct, 2025	2:00 PM-5:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

This module focuses on aligning HR initiatives with organizational strategy. Participants learn how to translate vision into actionable HR plans and ensure HR delivers measurable business value.

Course Objectives

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

- Align HR strategy with organizational goals.
- Translate strategic vision into HR interventions.
- Evaluate HR's impact on business performance.

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
HR Strategy & Organizational Alignment	https://www.youtube.com/watch?v=vh0ztELa2WM

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

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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	HR Strategy & Organizational Alignment 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.