

Developing Effective Workforce & Team Building Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
3rd - 8th Nov, 2025	08:30 AM-11:30 AM	6 Day(s)	Bliss Resort, Mombasa	6	60,000.00

Course Overview

Building effective teams is essential for achieving organizational success and fostering a collaborative work environment. This course equips participants with the strategies and tools needed to enhance team cohesion, improve communication, and resolve conflicts within diverse teams. By focusing on leadership, trust-building, and dynamic engagement, attendees will learn how to unlock their team's potential and create a high-performing workforce. Practical exercises and real-world applications will ensure participants leave with actionable insights to drive impactful team outcomes.

Course Objectives

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

- Understand the fundamentals of team building and workforce dynamics.
- Develop strategies to enhance communication and collaboration in teams.
- Resolve conflicts constructively to strengthen interpersonal relationships.
- Foster a culture of trust, inclusivity, and shared accountability.
- Design and implement activities to boost morale and productivity.

Target Groups

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

- Team Leaders & Supervisors
- HR Professionals
- Organizational Executives
- Managers Overseeing Workforce Development

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	Developing Effective Workforce & Team Building 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.