

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17th Floor, JKUAT Towers, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

2 +254 700 722 522 | **3** +254 722 300 245.

NITA: NITA/TRN/1234

Stakeholder Engagement & Leadership Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
30th Oct, 2025	2:00 PM-5:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

This module develops skills for engaging stakeholders and leading strategic conversations. Participants learn how to map influence, build credibility, and communicate HR priorities effectively.

Course Objectives

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

- Map and analyze stakeholder influence.
- Lead strategic conversations with confidence.
- Build HRBP credibility across leadership levels.

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		
Stakeholder Engagement & Leadership	https://www.youtube.com/watch?v=zLflyhWf2LA		

DenMGathilu

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



DATE: 03:11:2025

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admin@achrp.org | https://achrp.org

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PROFORMA INVOICE

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Invoice			_									
Organ	nization Name	Phone Num	lber 	Email Add	Email Address							
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)							
1	Stakeholder Engagement & Leader training	rship	1,500.00	240.00	1,740.00							
GROS	GROSS: One Thousand Seven Hundred Forty 1,740.00											
PAYMENT DETAILS												
Pay Bill No: 247247												
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												
NOMI	INEE DETAILS											
We wish to Nominate our employee(s) listed below to attend the above training:												
#	NAME		EMAIL ADDR	TELEPHONE								
NOMI	NATION AUTHORIZATION & FU	NDING CON	FIRMATION									
Ι, the ι	undersigned, authorize this nominat	ion and confir	m that funds are	e available for th	nis training.							
Name	of Authorizer:											
Positio	on:											
Mobile Phone No.: Email Address:												
Organization KRA PIN: Signature:												
Date:												
Email this document to admin@achrp.org												
NB: No credit facilities. Full payment is required before participation.												