

#### 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

## **Innovation, Agility & Culture Change Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
31st Oct, 2025	8:30 AM-11:30 AM	3 Hour(s)	Zoom, Online	1	1,500.00

### **Course Overview**

IHRM: C00259

This module explores HR's role in driving innovation and leading cultural transformation. Participants learn agile thinking, change leadership, and how to embed new behaviors across teams.

## **Course Objectives**

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

- Apply agile principles to HR practices.
- Lead and support culture change initiatives.
- Foster innovation and adaptability in the workplace.

# 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
- Senior and mid-level HR professionals

## Video Link(s)

Module Title	Video Link
Innovation, Agility and Culture	https://www.youtube.com/watch?v=Bp5I9ITc81I

DenPNGathilu

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

Invoice To:									
Organization Name		Phone Number		Email Add	Email Address				
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
1		1,500.00	240.00	1,740.00					
1	Innovation, Agility & Culture Chan	ge training	1,300.00	240.00	1,740.00				
CDOC	SS: One Thousand Seven Hundred Fo				1 740 00				
GRUS		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									
NOMINEE DETAILS									
We wi	We wish to Nominate our employee(s) listed below to attend the above training:								
#	NAME		EMAIL ADDR	TELEPHONE					
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION									
I, the	undersigned, authorize this nominat	ion and confi	rm that funds a	re available for t	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.