

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17^{th} Floor, JKUAT Towers, Kenyatta Avenue,

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

2 +254 700 722 522 | • +254 722 300 245.

IHRM: C00259 NITA: NITA/TRN/1234

HRBP Action Planning & Business Simulation Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
31st Oct, 2025	-2:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

The final module consolidates learning through strategic planning and simulation. Participants engage in peer coaching, present HRBP action plans, and complete certification.

Course Objectives

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

- Develop actionable HRBP strategies.
- Practice peer coaching and feedback.
- Demonstrate HRBP competencies through simulation.

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

Den Philathita 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	e To:								
Organization Name		Phone Number		Email Address					
OTTX/	DECORIDEION		NET (IZEO)	TATE (IZEC)	CDOCC (VEC)				
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
1	HRBP Action Planning & Business training	1,500.00	240.00	1,740.00					
GROS		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 ADDR	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:									
Email this document to <u>admin@achrp.org</u>									
NB: No credit facilities. Full payment is required before participation.									