

## 8th HR Symposium Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
8th - 11th Mar, 2022	9:00 AM-4:00 PM	4 Day(s)	Pridelnn Paradise, Mombasa	6	55,000.00

### Course Overview

To drive Inclusive Work Cultures, leaders must help employees feel supported, heard and valued. They must reward inclusive behaviors while proactively addressing exclusionary behaviors that single out, overlook, and devalue individuals' unique contributions and sense of belonging. Participants will learn how to help their workforce build great organization culture, adapt to new positive attitudes and organizational values and implement organizational change management concepts in order to improv

### Course Objectives

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

- Diversity Management
- Building a Great Organizational Culture
- Organization Change Management (OCM)
- Creating Great Workplace Attitudes
- Emotional Intelligence

### Target Groups

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

- Managers and supervisors responsible for team performance.
- HR professionals focused on performance evaluations.
- Business leaders seeking to enhance organizational effectiveness.

*Den PN Gathitu*

**CHRP. Den PN Gathitu**

**Secretary General**

**Academy of Certified Human Resource Professionals**

To; **PROFORMA INVOICE** DATE: 26:12:2025

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	8th HR Symposium training from 8th - 11th Mar, 2022 at PrideInn Paradise, Mombasa	55,000.00	8,800.00	63,800.00
<b>GROSS (KES):</b> Sixty Three Thousand Eight Hundred				<b>63,800.00</b>

#### PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

#### PAYMENT DETAILS

**M-PESA Pay Bill No:** 247247 | **Account No.:** 300245 | **Amount:** KES 63,800.00

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER
Equity Bank	Academy of Certified Human Resource Professionals Ltd	1 2 9 0 2 7 1 2 4 5 7 5 3

**Bank Branch:** Kenyatta Avenue | **Branch Code:** 129 | **Swift Code:** EQBLKENA

#### FUNDING CONFIRMATION / TAX DETAILS

I, the undersigned, confirm that funds are available for the above training.

Name of Organization: .....

Org. KRA PIN: ..... Org. Mobile No.: .....

Confirmed By: ..... Position: .....

Signature: ..... Date & Stamp: .....

#### NOTE THAT:

1. Full payment is expected to be received prior to the event
2. Only those Delegates whose fees have been paid in full will be allowed to the event
3. Send a scanned copy of the duly completed Nomination Form to [admin@achrp.org](mailto:admin@achrp.org)
4. The above training Cost does not include Transport & Accommodation

Email the payment advice with this duly filled, signed, and stamped form to [admin@achrp.org](mailto:admin@achrp.org)