

Strategic Workplace Change Management Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
31st Mar, 2022	8:30 AM-11:30 AM	3 Hour(s)	Zoom Webinar, Zoom	1	1,000.00

Course Overview

Implementing change is often a challenge for any organization, even when the change is for the good. When changes come as a surprise, bringing difficult problems with them, managing the change process can become a nightmare. Our one-day Managing Organizational Change training course will provide managers with a set of skills and strategies to help them guide their teams through periods of change so that the team can remain stable and productive, even if the atmosphere around them isn't. Our professional management instructors know the challenges change brings from first hand experience, and they will guide you through an intensive, practice driven learning process to help you develop the planning, communication, conflict resolution and leadership skills you need to support your team in during any type of change event.

Course Objectives

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

- Understand change and its importance
- Understand the need for change
- Understand the concept of organizational change
- Understand barriers to change
- Learn tools and strategies of change management

Target Groups

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

- Managers and supervisors responsible for team performance.
- Business leaders seeking to enhance organizational effectiveness.

Video Link(s)

Module Title	Video Link
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Den PN Gathitu

CHRP. Den PN Gathitu

Secretary General

Academy of Certified Human Resource Professionals

To;	PROFORMA INVOICE	DATE: 26:12:2025
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QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	Strategic Workplace Change Management	1,000.00	160.00	1,160.00
GROSS (KES): One Thousand One Hundred Sixty				1,160.00

PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

PAYMENT DETAILS

M-PESA Pay Bill No: 247247 | **Account No.:** 300245 | **Amount:** KES 1,160.00

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
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