

#### Academy of Certified Human Resource Professionals Ltd.

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

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

**=** +254 700 722 522 | **S** +254 722 300 245.

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

NITA: NITA/TRN/1234

# **Integrated Coaching Solutions Training**

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
3rd Dec, 2022	8:30 AM-11:30 AM	3 Hour(s)	Zoom Webinar, Zoom	1	1,500.00

### **Course Overview**

IHRM: C00259

Integrated Coaching Solutions training is designed to develop and strengthen your organizational change readiness through coaching your managers to become enterprise coaches. Through transforming yourself into Enterprise Coaches, you can play a more proactive role in shaping corporate culture and re-define the meaning of workplace conversations.

# **Course Objectives**

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

- Understand Coaching Introduction and Background
- Explain the Coaching principles and characteristics
- Explain the Important concepts of coaching
- Understand the Coaching models
- Understand the Types of coaching and coaching styles
- Understand the Coaching sessions and approaches
- Highlight Key Learning's

### Target Groups

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

• Managers and supervisors responsible for team performance.

## Video Link(s)

**Module Title Video Link** 

Den Pollettille

CHRP. Den PN Gathitu **Secretary General Academy of Certified Human Resource Professionals** 



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DATE: 03:11:2025		PROFORMA INVOICE							
Invoice To:									
Organization Name		Phone Nun	nber	Email Add	Email Address				
QTY	DESCRIPTION			NET (KES)	VAT (KES)	GROSS (KES)			
1				1,500.00	240.00	1,740.00			
GROSS: One Thousand Seven Hundred Forty						1,740.00			
***PAYMENT DETAILS***									
	<b>Pay Bill No:</b> 247247	A	ccount No.:	300245 <b>Amo</b>	unt: 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 ADDRESS		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.