

## Certified Workplace Counselor Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
8th - 12th Apr, 2024	08:30 AM-11:30 AM	5 Day(s)	Lake Naivasha Resort, Naivasha	6	60,000.00

### Course Overview

This immersive certification course equips HR professionals, wellness coordinators, and people leaders with the expertise to support mental health and emotional wellbeing in the workplace. Participants will master the psychological dynamics affecting performance, apply practical counselling techniques, and design targeted wellness programs. From stress management to culture building, the program lays a foundation for organizations to thrive with compassion, resilience, and strategic emotional support.

### Course Objectives

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

- Understand how mental health impacts workplace performance and team dynamics.
- Recognize and respond to stress, trauma, burnout, and other behavioral health challenges.
- Apply core counselling and introductory psychotherapy methods for workplace intervention.
- Build wellness programs tailored to organizational realities and needs.
- Promote a culture of psychological safety and emotional resilience.
- Champion mental health initiatives with clear leadership buy-in and data-driven outcomes.

### Target Groups

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

- In-house Wellness Champions and EAP Coordinators
- Organizational Wellness Strategists
- Workplace Counsellors
- Managers Promoting Employee Wellness
- HR Professionals



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

To:	PROFORMA INVOICE	DATE: 03:02:2026

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>Certified Workplace Counselor</b> training from <b>8th - 12th Apr, 2024</b> at <b>Lake Naivasha Resort, Naivasha</b>	60,000.00	0.00	60,000.00
<b>GROSS (KES):</b> Sixty Thousand				<b>60,000.00</b>

PARTICIPANT(S) DETAILS			
NO.	NAME	EMAIL ADDRESS	TELEPHONE

PAYMENT DETAILS		
M-PESA Pay Bill No: 247247   Account No.: 300245   Amount: KES 60,000.00		
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. Only those Delegates whose fees have been paid in full will be allowed to the event	
2. Send a scanned copy of the duly completed Nomination Form to <a href="mailto:admin@achrp.org">admin@achrp.org</a>	

The above training Cost does not include Transport & Accommodation