

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.

NITA: NITA/TRN/1234

Gender Mainstreaming at the Workplace Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
11th - 14th Jul, 2023	08:30 AM-11:30 AM	4 Day(s)	PrideInn Express Nyali, Mombasa	6	60,000.00

Course Overview

IHRM: C00259

The Constitution of Kenya requires that not more than 2/3 of either gender is represented in all appointive and elective positions. Gender Mainstreaming provides a good platform to achieve the above requirement by generating disaggregated data that guides in policy decision. In addition, sustainable Development Goal No. 5 emphasizes on achieving gender equality and this can only be achieved through gender mainstreaming at the workplace. It is therefore important for all organizations to understand and conduct gender mainstreaming in their organizations.

Course Objectives

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

- To understand the concept of gender mainstreaming.
- To identify and mainstream gender at all levels in the organization.
- To enable participants, identify gender needs, priorities and how to integrate them in policy formulation.
- To acquire practical skills on how to develop and implement gender mainstreaming policy at the work place.

Target Groups

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

Video Link(s)

Module Title Video Link

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



DATE: 03:11:2025

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PROFORMA INVOICE

Invoic	е То:							
Organization Name		Phone Number		Email Add	Email Address			
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)			
1	Gender Mainstreaming at the Workplace training		60,000.00	9,600.00	69,600.00			
GROSS: Sixty Nine Thousand Six Hundred					69,600.00			
PAYMENT DETAILS								
Pay Bill No: 247247								
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								
NOM	INEE 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 nominat	tion and confi	irm that funds a	re available for	this training.			
Name	of Authorizer:							
Positio	on:							
Mobile Phone No.: Email Address:								
Organization KRA PIN: Signature:								
Date:								
	- Email this	document to	admin@achra	ora				
Email this document to admin@achrp.org								
NB: No credit facilities. Full payment is required before participation.								