

## Mastering Workplace Counseling Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
17th - 21st Mar, 2025	08:30 AM-11:30 AM	5 Day(s)	Pridelnn Express Nyali, Mombasa	6	65,000.00

### Course Overview

The "Mastering Workplace Counseling" training is designed to equip HR professionals, managers, and team leaders with the skills and knowledge necessary to provide effective workplace counseling. This course covers various counseling techniques, best practices for handling workplace issues, and strategies for fostering a supportive work environment. By mastering these skills, participants will be able to address employee concerns, improve overall workplace well-being, and enhance productivity.

### Course Objectives

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

- To understand the fundamentals of workplace counseling and its importance in employee well-being.
- To learn and apply various counseling techniques and approaches.
- To develop skills for addressing common workplace issues, such as stress, conflict, and performance problems.
- To foster a supportive and inclusive work environment through effective counseling practices.
- To enhance communication and active listening skills essential for workplace counseling.

### Target Groups

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



**CHRP. Den PN Gathitu**

**Secretary General**

**Academy of Certified Human Resource Professionals**

DATE: 16:02:2026

PROFORMA INVOICE

**Invoice To:**

**Organization Name:**

**Phone:**

**Email:**

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>Mastering Workplace Counseling</b> training from <b>17th - 21st Mar, 2025</b> at <b>PrideInn Express Nyali, Mombasa</b>	65,000.00	10,400.00	75,400.00
<b>GROSS (KES):</b> Seventy Five Thousand Four Hundred				<b>75,400.00</b>

**NOMINATION FORM**

**PARTICIPANT(S) DETAILS**

NO.	NAME	EMAIL ADDRESS	TELEPHONE

**PAYMENT DETAILS**

**Bank Name:** Equity Bank

**Account Name:** Academy of Certified Human Resource Professionals Ltd

**Account No.:** 1 2 9 0 2 7 1 2 4 5 7 5 3

**Bank Branch:** Kenyatta Avenue

**Branch Code:** 129

**Swift Code:** EQBLKENA

**Pay Bill No.:** 247247

**Account No.:** 300245

**FUNDING CONFIRMATION / TAX DETAILS**

I, the undersigned, has verified the nomination and confirms availability of funds for this training.

Name of Organization: .....

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

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

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

**NOTE THAT:**

- Only those Delegates whose fees have been paid in full will be allowed to the event
- A scanned copy of the duly completed form should be sent to [admin@achrp.org](mailto:admin@achrp.org)
- The above training Cost does not include Transport & Accommodation