

Certified Employee Relations Professional Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
1st - 6th Dec, 2025	08:30 AM-4:00 PM	6 Day(s)	Blooming Suites, Naivasha	6	60,000.00

Course Overview

Effective industrial relations hinge on transparent and fair mechanisms for addressing complaints and grievances. This course equips HR professionals, managers, and labor relations officers with the tools and knowledge to handle workplace complaints constructively. Participants will learn to design grievance frameworks, promote trust, and manage disputes while adhering to legal and ethical standards. With real-world examples and interactive workshops, attendees will leave prepared to foster harmonious relationships that enhance organizational balance and employee satisfaction.

Course Objectives

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

- Understand the foundations of industrial relations and grievance management.
- Build structured frameworks to handle complaints effectively.
- Navigate legal and ethical considerations during dispute resolution.
- Strengthen trust through transparent communication.
- Promote workplace harmony and reduce conflict.

Target Groups

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

- HR Professionals
- Labor Relations Officers
- Managers Handling Workplace Complaints
- Organizational Leaders

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



Academy of Certified Human Resource Professionals Ltd.

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IHRM: C00259

NITA: NITA/TRN/1234

DATE: 09:10:2025

PROFORMA INVOICE

Invoice To:

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	Certified Employee Relations Professional 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 Account No.: 300245 Amount: KES 69,600.00

Bank Name: Equity Bank
Bank Account Name: Academy of Certified Human Resource Professionals Ltd
Bank Branch: Kenyatta Avenue
Bank Physical Address: Kenyatta Avenue
Bank Account Number: 1 2 9 0 2 7 1 2 4 5 7 5 3

Please complete tax details below to authorize this booking

Organization Name:

Phone Number: Organization KRA PIN:

Contact Person: Position:

Signature: Date:

Email the duly completed document to admin@achrp.org