

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, I&M Tower, 15th Floor, Kenyatta Avenue,

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

■ +254 700 722 522 | **●** +254 722 300 245.

NITA: NITA/TRN/1234

Workplace Mental Health Wellness & Counselling Skills Training

| Date | Time | Duration | Venue | CPD | Cost (Excl. VAT)PP |
|-----------------------|------------------|----------|---------------------------|-----|--------------------|
| 17th - 22nd Nov, 2025 | 08:30 AM-4:00 PM | 6 Day(s) | Blooming Suites, Naivasha | 6 | 70,000.00 |

Course Overview

IHRM: C00259

This course empowers HR professionals, managers, and wellness champions 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;

- HR Professionals
- Workplace Counsellors
- Managers Promoting Employee Wellness
- Organizational Wellness Strategists

DenPMGathitu

CHRP. Den PN Gathitu Secretary General

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| То; | | | PROFORMA INVOICE | | DATE: 07:12:2025 | | | | |
|--|--------|--|--|-------------|--|-----------------|--|--|--|
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| 1 | Counse | lace Mental Heal elling Skills traini t Blooming Suite | g from 17th - 22nd Nov , | | 11,200.0 | 0 81,200.00 | | | |
| GROSS (KES): Eighty One Thousand Two Hundred | | | | | | 81,200.00 | | | |
| PARTICIPANT(S) DETAILS | | | | | | | | | |
| NO. | NAME E | | EMAIL ADDRESS | | TELEPHONE | | | | |
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| PAYMENT DETAILS | | | | | | | | | |
| M-PESA Pay Bill No: 247247 Account No.: 300245 Amount: KES 81,200.00 | | | | | | | | | |
| BANK NAME Equity Bank | | Academy of Certi | ACCOUNT NAME ified Human Resource Profe | essionals L | ACCOUNT NUMBER d 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: | | | | | | | | | |
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| Org. KRA PIN: Org. Mobile No.: | | | | | | | | | |
| Confirmed By: | | | | | | | | | |
| Signature: Date & Stamp: | | | | | | | | | |
| NOTE THAT: | | | | | | | | | |

- 1. Full payment is expected to be received prior to the event
- 2. Only those Delegates whose fees have been paid in full will be allowed to the event
- 3. Send a scanned copy of the duly completed Nomination Form to admin@achrp.org
- 4. The above training Cost does not include Transport & Accommodation

Email the payment advice with this duly filled, signed, and stamped form to admin@achrp.org