

## 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

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

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

|     |                         |                         |
|-----|-------------------------|-------------------------|
| To; | <b>PROFORMA INVOICE</b> | <b>DATE: 27:12:2025</b> |
|-----|-------------------------|-------------------------|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| QTY   | DESCRIPTION   | NET (KES) | VAT (KES) | GROSS (KES)      |
|---|---|-----------|-----------|------------------|
| 1   | <b>Workplace Mental Health Wellness &amp; Counselling Skills training from 17th - 22nd Nov, 2025 at Blooming Suites, Naivasha</b> | 70,000.00 | 11,200.00 | 81,200.00        |
| <b>GROSS (KES):</b> Eighty One Thousand Two Hundred |   |           |           | <b>81,200.00</b> |

#### PARTICIPANT(S) DETAILS

| NO. | NAME | EMAIL ADDRESS | TELEPHONE |
|-----|------|---------------|-----------|
|     |      |               |           |
|     |      |               |           |
|     |      |               |           |
|     |      |               |           |

#### PAYMENT DETAILS

**M-PESA Pay Bill No:** 247247 | **Account No.:** 300245 | **Amount:** KES 81,200.00

| 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. 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](mailto: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](mailto:admin@achrp.org)