

## Mastering Disciplinary Management Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
23rd - 28th Jun, 2025	08:30 AM-11:30 AM	6 Day(s)	Blooming Suites, Naivasha	6	65,000.00

### Course Overview

This 6-day course empowers participants to handle disciplinary matters strategically, ensuring fairness, transparency, and compliance with labor laws. Professionals will learn structured approaches to address misconduct, strengthen workplace dynamics, and reinforce a culture of ethical practices.

### Course Objectives

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

- Understand the principles and significance of disciplinary management.
- Develop structured frameworks for addressing misconduct effectively.
- Navigate legal and ethical considerations in disciplinary processes.
- Communicate disciplinary actions with transparency and fairness.
- Foster a culture of accountability, trust, and ethical practices.

### Target Groups

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

- HR Professionals
- Organizational Executives
- Team Leaders
- Managers Handling Disciplinary Issues

**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 Disciplinary Management</b> training from <b>23rd - 28th Jun, 2025</b> at <b>Blooming Suites, Naivasha</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:

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