

## Certified Workplace Counselor Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
6th - 11th Oct, 2025	08:30 AM-4:00 PM	6 Day(s)	Bliss Resort, Mombasa	6	60,000.00

### Course Overview

This immersive certification course equips HR professionals, wellness coordinators, and people leaders 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;

- In-house Wellness Champions and EAP Coordinators
- Organizational Wellness Strategists
- Workplace Counsellors
- Managers Promoting Employee Wellness
- HR Professionals



**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>Certified Workplace Counselor</b> training from <b>6th - 11th Oct, 2025</b> at <b>Bliss Resort, Mombasa</b>	60,000.00	9,600.00	69,600.00
<b>GROSS (KES):</b> Sixty Nine Thousand Six Hundred				<b>69,600.00</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