

Leadership Morale & Employee Turnover Management Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
7th - 12th Jul, 2025	08:30 AM-16:00	6 Day(s)	Bliss Resort, Mombasa	6	65,000.00

Course Overview

This comprehensive 6-day training program is designed to equip leaders and managers with essential tools, psychological insights, and strategic frameworks to strengthen team morale and reduce employee turnover. Through hands-on workshops, self-assessment exercises, and real-world case analysis, participants will explore the dynamics of human motivation, effective leadership communication, and retention strategies to foster loyal, engaged, and high-performing teams.

Course Objectives

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

- Analyze the root causes and impact of employee turnover
- Apply emotionally intelligent leadership behaviors to boost morale.
- Strengthen communication and feedback for team motivation.
- Design retention programs that meet evolving workforce needs.
- Foster a culture of trust, purpose, and personal growth.
- Implement practical frameworks for diagnosing and solving retention risks.

Target Groups

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



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	Leadership Morale & Employee Turnover Management training from 7th - 12th Jul, 2025 at Bliss Resort, Mombasa	65,000.00	10,400.00	75,400.00
GROSS (KES): Seventy Five Thousand Four Hundred				75,400.00

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
3. The above training Cost does not include Transport & Accommodation