

## Strategic Disciplinary Management Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
25th - 29th Aug, 2025	08:30 AM-16:00	5 Day(s)	Blooming Suites, Naivasha	6	60,000.00

### Course Overview

This comprehensive 5-day training program equips participants with advanced knowledge and practical tools for implementing ethical and legally compliant disciplinary management processes. Drawing from core disciplinary documents, legal frameworks, and HR best practices, participants will master the art of investigating misconduct, leading fair hearings, handling evidence, and managing poor performance, probationary exits, and criminal proceedings.

### Course Objectives

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

- Understand ethical and statutory foundations of disciplinary management.
- Formulate and audit internal disciplinary policies.
- Conduct investigations and hearings professionally and fairly.
- Apply legal standards in handling evidence and procedural fairness.
- Manage poor performance and probationary exits effectively.
- Navigate disciplinary action amidst criminal proceedings.
- Foster a workplace culture grounded in accountability and trust.

### 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**

IHRM: C00259

NITA: NITA/TRN/1234

DATE: 16:02:2026

PROFORMA INVOICE

**Invoice To:**

**Organization Name:**

**Phone:**

**Email:**

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>Strategic Disciplinary Management</b> training from <b>25th - 29th Aug, 2025</b> at <b>Blooming Suites, Naivasha</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:**

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