

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17th Floor, JKUAT Towers, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

■ +254 700 722 522 | **●** +254 722 300 245.

NITA: NITA/TRN/1234

Strategic HR Partnership Foundations Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
29th Oct, 2025	10:00 AM-1:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

This module introduces the HR Business Partner (HRBP) role and its strategic integration within the business. Participants explore how to build trust, influence leadership, and position HR as a value-adding partner.

Course Objectives

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

- Define the HRBP role and its strategic contribution
- Understand business integration and partnership dynamics
- · Build trust and credibility with internal stakeholders

Target Groups

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

- HR Professionals seeking strategic elevation
- HR Business Partners (current or transitioning)
- HR Managers preparing for business-facing leadership
- Leadership teams collaborating with HR on transformation

Video Link(s)

Module Title	Video Link
Strategic HR Partnership Foundation	https://www.youtube.com/watch?v=0Xxe5qnUiAM

Den MGathitu

CHRP. Den PN Gathitu Secretary General

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admin@achrp.org | https://achrp.org

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DATE: 29:10:2025	PROFORMA INVOICE					
Invoice To:						
Organization Name		Phone Number		Email Address		
QTY	DESCRIP	PTION		(KES)	VAT (K	
1	Strategic HR Partnership Foundations Training		1,500.00		240.00	
GROSS: One Thousand Seven Hundred Forty						
We wish to Nominate our employee(s) listed below	v to attend	the above training:				
NAME NAME		ME EN		EMAIL ADDRESS		
		PAYMENT DETAILS				
Pay Bill N	Io: 247247	Account No.: 300245 Amount: K	ES 1,7	40.00		
Bank Name	Account Name		Account Number			
Equity Bank	Academy of Certified Human Resource Professionals Ltd			1290271245753		
Nomination Authorization & Funding Confirm	nation					
$\boldsymbol{I},$ the undersigned, authorize this nomination and	confirm tha	at funds available for this training.				
Name of Authorizer:						
Position:						
Mobile Phone No.: Ema	il Address:.					
Organization KRA PIN:	Sign	ature:				
Date: St	amp:					
	Email	this document to admin@achrn org				