

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, I&M Tower, 15th Floor, Kenyatta Avenue,

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

= +254 700 722 522 | **S** +254 722 300 245.

NITA: NITA/TRN/1234

Innovation, Agility & Culture Change Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
31st Oct, 2025	8:30 AM-11:30 AM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

This module explores HR's role in driving innovation and leading cultural transformation. Participants learn agile thinking, change leadership, and how to embed new behaviors across teams.

Course Objectives

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

- Apply agile principles to HR practices.
- · Lead and support culture change initiatives.
- Foster innovation and adaptability in the workplace.

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
- Senior and mid-level HR professionals

Video Link(s)

Module Title	Video Link
Innovation, Agility and Culture	https://www.youtube.com/watch?v=Bp5I9ITc81I

DenPHSathitu

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



To;

OTY DESCRIPTION

Academy of Certified Human Resource Professionals Ltd.

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

DATE: 26:12:2025

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PROFORMA INVOICE

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1	Innovation, Agility & Culture Change			1,500.00	240.00		1,740.00				
GRO	GROSS (KES): One Thousand Seven Hundred Forty 1,740.00										
PARTICIPANT(S) DETAILS											
NO.	NO. NAME		EMAIL ADDRESS			TELEPHONE					
PAYN	MENT DE	TAILS									
M-PESA Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00											
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Equity Bank			tified Human Resource Professionals Lt			d	d 1290271245753				
Bank Branch: Kenyatta Avenue Branch Code: 129 Swif					Swift Code	wift Code: EQBLKENA					
FUNI	DING CO	NFIRMATION /	TAX DETAILS								
I, the undersigned, confirm that funds are available for the above training.											
Name of Organization:											
Org. KRA PIN: Org. Mobile No.:											
Confirmed By:											
Signature: Date & Stamp:											

NOTE THAT:

- 1. Full payment is expected to be received prior to the event
- 2. Only those Delegates whose fees have been paid in full will be allowed to the event
- 3. Send a scanned copy of the duly completed Nomination Form to admin@achrp.org
- 4. The above training Cost does not include Transport & Accommodation

Email the payment advice with this duly filled, signed, and stamped form to admin@achrp.org