

## HRBP Action Planning & Business Simulation Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
31st Oct, 2025	-2:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

### Course Overview

The final module consolidates learning through strategic planning and simulation. Participants engage in peer coaching, present HRBP action plans, and complete certification.

### Course Objectives

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

- Develop actionable HRBP strategies.
- Practice peer coaching and feedback.
- Demonstrate HRBP competencies through simulation.

### 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
HRBP Action Planning & Business Simulation	<a href="https://www.youtube.com/watch?v=oOZo3gUx_ac">https://www.youtube.com/watch?v=oOZo3gUx_ac</a>

*Den PN Gathitu*

**CHRP. Den PN Gathitu**

**Secretary General**

**Academy of Certified Human Resource Professionals**

To; **PROFORMA INVOICE** **DATE: 25:01:2026**

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>HRBP Action Planning &amp; Business Simulation</b>	1,500.00	240.00	1,740.00
<b>GROSS (KES): One Thousand Seven Hundred Forty</b>				<b>1,740.00</b>

#### PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

#### PAYMENT DETAILS

**M-PESA Pay Bill No: 247247 | Account No.: 300245 | Amount: KES 1,740.00**

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER
Equity Bank	Academy of Certified Human Resource Professionals Ltd	1 2 9 0 2 7 1 2 4 5 7 5 3

**Bank Branch:** Kenyatta Avenue | **Branch Code:** 129 | **Swift Code:** EQBLKENA

#### FUNDING CONFIRMATION / 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: ..... Position: .....

Signature: ..... Date & Stamp: .....

#### NOTE THAT:

1. Only those Delegates whose fees have been paid in full will be allowed to the event
2. Send a scanned copy of the duly completed Nomination Form to [admin@achrp.org](mailto:admin@achrp.org)

The above training Cost does not include Transport & Accommodation