

#### Academy of Certified Human Resource Professionals Ltd.

Regus Suites,  $17^{\text{th}}$  Floor, JKUAT Towers, Kenyatta Avenue,

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

**2** +254 700 722 522 | • +254 722 300 245.

IHRM: C00259 NITA: NITA/TRN/1234

### **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

Den Philathita CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



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

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DATE: 06:11:2025 PRO		PROFOR	MA IN	NVOICE						
Invoice To:										
QTY	TY DESCRIPTION			NET (KES)	VAT (	(KES)	GROSS (KES)			
1	HRBP Action Planning & Business Simulation training			1,500.00	240.00		1,740.00			
GROSS: One Thousand Seven Hundred Forty							1,740.00			
***PAYMENT DETAILS***										
<b>Pay Bill No:</b> 247247										
Bank Name: Equity Bank Account Name: Academy of Certified Human Resource Professionals Ltd Account Number: 1 2 9 0 2 7 1 2 4 5 7 5 3										
NOMINEE DETAILS										
We wish to Nominate our employee(s) listed below to attend the above training:										
#	NAME			EMAIL ADDRESS			TELEPHONE			
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION										
I, the undersigned, authorize this nomination and confirm that funds are available for this training.										
Name of Authorizer:										
Position:										
Mobile Phone No.: Email Address:										
Organization KRA PIN: Signature:										
Date: Stamp:										
Email this document to <u>admin@achrp.org</u>										
NB: No credit facilities. Full payment is required before participation.										