

### Academy of Certified Human Resource Professionals Ltd.

Regus Suites, I&M Tower, 15<sup>th</sup> Floor, Kenyatta Avenue,

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

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

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

NITA: NITA/TRN/1234 IHRM: C00259

## Project Management (PM) for HR Professionals Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
15th - 20th Dec, 2025	8:30 AM-4:00 PM	6 Day(s)	Blooming Suites, Naivasha	6	70,000.00

## **Course Overview**

This six-day intensive program is designed to equip HR professionals with the tools, frameworks, and leadership mindset required to manage projects from initiation to closure. Participants will master project planning, risk management, stakeholder engagement, budgeting, and performance tracking using globally recognized standards. Through real-world simulations and hands-on labs, participants will gain the confidence to lead cross-functional teams, deliver value, and align project outcomes with strategic goals.

# Course Objectives

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

# **Target Groups**

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

• HR Professionals

CHRP. Den PN Gathitu

**Secretary General** 

**Academy of Certified Human Resource Professionals** 



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То;			PROFORMA INVOICE		DATE: 09:12:2025				
QTY	DESCR	RIPTION		NET (KE	(S)	VAT (KES)	GROSS (KES)		
1	training	•	M) for HR Professionals Dec, 2025 at Blooming	70,000.00		11,200.00	81,200.00		
GROSS (KES): Eighty One Thousand Two Hundred							81,200.00		
PARTICIPANT(S) DETAILS									
NO.	NAME	1	EMAIL ADDRESS			TELEPHONE			
PAYMENT DETAILS									
<b>M-PESA Pay Bill No:</b> 247247   <b>Account No.:</b> 300245   <b>Amount:</b> KES 81,200.00									
BANK NAME			ACCOUNT NAME			ACCOUNT NUMBER			
	Bank				τα				
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. 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