

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

DATE: 16:02:2026

PROFORMA INVOICE

Invoice To:

Organization Name:

Phone:

Email:

| QTY | DESCRIPTION | NET (KES) | VAT (KES) | GROSS (KES) |
|---|---|-----------|-----------|------------------|
| 1 | Project Management (PM) for HR Professionals training from 15th - 20th Dec, 2025 at Blooming Suites, Naivasha | 70,000.00 | 11,200.00 | 81,200.00 |
| GROSS (KES): Eighty One Thousand Two Hundred | | | | 81,200.00 |

NOMINATION FORM

PARTICIPANT(S) DETAILS

| NO. | NAME | EMAIL ADDRESS | TELEPHONE |
|-----|------|---------------|-----------|
| | | | |
| | | | |
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PAYMENT DETAILS

Bank Name: Equity Bank

Account Name: Academy of Certified Human Resource Professionals Ltd

Account No.: 1 2 9 0 2 7 1 2 4 5 7 5 3

Bank Branch: Kenyatta Avenue

Branch Code: 129

Swift Code: EQBLKENA

Pay Bill No.: 247247

Account No.: 300245

FUNDING CONFIRMATION / TAX DETAILS

I, the undersigned, has verified the nomination and confirms availability of funds for this training.

Name of Organization:

Org. KRA PIN: Org. Mobile No.:

Confirmed By: Position:

Signature: Date & Stamp:

NOTE THAT:

- Only those Delegates whose fees have been paid in full will be allowed to the event
- A scanned copy of the duly completed form should be sent to admin@achrp.org
- The above training Cost does not include Transport & Accommodation