



## Essential Counselling Skills - Module I Training

| Date          | Time             | Duration  | Venue         | CPD | Cost (Excl. VAT)PP |
|---------------|------------------|-----------|---------------|-----|--------------------|
| 5th Nov, 2022 | 8:30 AM-11:30 AM | 3 Hour(s) | Webinar, Zoom | 1   | 1,000.00           |

### Course Overview

### 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;

- Managers and supervisors responsible for team performance.

### Video Link(s)

| Module Title | Video Link |
|--------------|------------|
|--------------|------------|

**CHRP. Den PN Gathitu**

**Secretary General**

**Academy of Certified Human Resource Professionals**

DATE: 20:10:2025

PROFORMA INVOICE

Invoice To:

**Organization Name:**.....

**Phone Number:**.....

**Email Address:**.....

| QTY                                          | DESCRIPTION                                      | NET (KES) | VAT (KES) | GROSS (KES)     |
|----------------------------------------------|--------------------------------------------------|-----------|-----------|-----------------|
| 1                                            | Essential Counselling Skills - Module I Training | 1,000.00  | 160.00    | 1,160.00        |
|                                              |                                                  |           |           |                 |
|                                              |                                                  |           |           |                 |
|                                              |                                                  |           |           |                 |
| <b>GROSS:</b> One Thousand One Hundred Sixty |                                                  |           |           | <b>1,160.00</b> |

**\*\*\*PAYMENT DETAILS\*\*\***

**Pay Bill No:** 247247    **Account No.:** 300245    **Amount:** KES 1,160.00

**Bank Name:** Equity Bank  
**Bank Account Name:** Academy of Certified Human Resource Professionals Ltd  
**Bank Branch:** Kenyatta Avenue  
**Bank Physical Address:** Kenyatta Avenue  
**Bank Account Number:** 1 2 9 0 2 7 1 2 4 5 7 5 3

**Nomination Authorization & Funding Confirmation**

Organization KRA PIN: .....

Contact Person: .....

Position: .....

Signature: .....

Date: .....

Email the duly completed document to [admin@achrp.org](mailto:admin@achrp.org)