

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, 17th Floor, JKUAT Towers, Kenyatta Avenue,

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

■ +254 700 722 522 | **●** +254 722 300 245.

NITA: NITA/TRN/1234

Strategic HR Partnership Foundations Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
29th Oct, 2025	10:00 AM-1:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

IHRM: C00259

This module introduces the HR Business Partner (HRBP) role and its strategic integration within the business. Participants explore how to build trust, influence leadership, and position HR as a value-adding partner.

Course Objectives

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

- Define the HRBP role and its strategic contribution
- Understand business integration and partnership dynamics
- · Build trust and credibility with internal stakeholders

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

Video Link(s)

Module Title	Video Link	
Strategic HR Partnership Foundation	https://www.youtube.com/watch?v=0Xxe5qnUiAM	

Den MGathitu

CHRP. Den PN Gathitu Secretary General

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

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DATE: 05:11:2025		PROFORMA INVOICE							
Invoice To:									
QTY	DESCRIPTION		NET (KES)	VAT (KES)	GROSS (KES)				
1	Strategic HR Partnership F	1,500.00	240.00	1,740.00					
GROS	S: One Thousand Seven Hun	dred Forty			1,740.00				
PAYMENT DETAILS									
Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00									
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 ADDR	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.