Academy of Certified Human Resource Professionals Ltd.
Regus Suites, I&M Tower, 15th Floor, Kenyatta Avenue,
P. O. Box 18582 - 00100, Nairobi, Kenya.
+254 700 722 522 | +254 722 300 245.
admin@achrp.org | https://achrp.org

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
HRBP Action Planning & Business Simulation	https://www.youtube.com/watch?v=oOZo3gUx_ac

CHRP. Den PN Gathitu
Secretary General
Academy of Certified Human Resource Professionals

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To;	PROFORMA INVOICE	DATE: 02:01:2026

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	**HRBP Action Planning & Business Simulation**	1,500.00	240.00	1,740.00
GROSS (KES): One Thousand Seven Hundred Forty				**1,740.00**

PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

PAYMENT DETAILS

M-PESA Pay Bill No: 247247 | **Account No.:** 300245 | **Amount:** KES 1,740.00

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER
Equity Bank	Academy of Certified Human Resource Professionals Ltd	1 2 9 0 2 7 1 2 4 5 7 5 3

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