

## Certified Project Management Professional 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

The Certified Project Management Professional (CPMP)<sup>®</sup> program is a six-day intensive designed to equip 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, CPMPs 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;

- Apply structured project management methodologies across the project lifecycle
- Develop comprehensive project charters, work breakdown structures, and schedules.
- Identify, assess, and mitigate project risks and constraints.
- Manage stakeholder expectations and lead effective communication strategies.
- Monitor project performance using KPIs, dashboards, and earned value metrics.
- Control budgets, resources, and timelines with precision.
- Close projects with lessons learned, impact reporting, and sustainability planning.

### Target Groups

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

- Project Managers and Project Coordinators
- Team Leaders and Department Heads
- Engineers, Analysts, and Technical Leads
- Professionals transitioning into project-based roles
- Anyone managing projects without formal training



**CHRP. Den PN Gathitu**

**Secretary General**

**Academy of Certified Human Resource Professionals**

|     |                         |                         |
|-----|-------------------------|-------------------------|
| To; | <b>PROFORMA INVOICE</b> | <b>DATE: 14:12:2025</b> |
|-----|-------------------------|-------------------------|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| QTY                                                 | DESCRIPTION                                                                                                                        | NET (KES) | VAT (KES) | GROSS (KES)      |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|------------------|
| 1                                                   | <b>Certified Project Management Professional</b><br>training from <b>15th - 20th Dec, 2025</b> at <b>Blooming Suites, Naivasha</b> | 70,000.00 | 11,200.00 | 81,200.00        |
| <b>GROSS (KES):</b> Eighty One Thousand Two Hundred |                                                                                                                                    |           |           | <b>81,200.00</b> |

#### PARTICIPANT(S) DETAILS

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

#### PAYMENT DETAILS

**M-PESA Pay Bill No:** 247247 | **Account No.:** 300245 | **Amount:** KES 81,200.00

| 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](mailto: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](mailto:admin@achrp.org)