

Mastering Workplace Counseling Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
17th - 21st Mar, 2025	08:30 AM-11:30 AM	5 Day(s)	Pridelnn Express Nyali, Mombasa	6	65,000.00

Course Overview

The "Mastering Workplace Counseling" training is designed to equip HR professionals, managers, and team leaders with the skills and knowledge necessary to provide effective workplace counseling. This course covers various counseling techniques, best practices for handling workplace issues, and strategies for fostering a supportive work environment. By mastering these skills, participants will be able to address employee concerns, improve overall workplace well-being, and enhance productivity.

Course Objectives

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

- To understand the fundamentals of workplace counseling and its importance in employee well-being.
- To learn and apply various counseling techniques and approaches.
- To develop skills for addressing common workplace issues, such as stress, conflict, and performance problems.
- To foster a supportive and inclusive work environment through effective counseling practices.
- To enhance communication and active listening skills essential for workplace counseling.

Target Groups

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

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

To;	PROFORMA INVOICE	DATE: 30:01:2026
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QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	Mastering Workplace Counseling training from 17th - 21st Mar, 2025 at PrideInn Express Nyali, Mombasa	65,000.00	0.00	65,000.00
GROSS (KES): Sixty Five Thousand				65,000.00

PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

PAYMENT DETAILS

M-PESA Pay Bill No: 247247 | **Account No.:** 300245 | **Amount:** KES 65,000.00

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:

- Only those Delegates whose fees have been paid in full will be allowed to the event
- Send a scanned copy of the duly completed Nomination Form to admin@achrp.org

The above training Cost does not include Transport & Accommodation