

Workplace Mental Health Wellness & Counselling Skills Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
17th - 22nd Nov, 2025	08:30 AM-4:00 PM	6 Day(s)	Blooming Suites, Naivasha	6	70,000.00

Course Overview

This course empowers HR professionals, managers, and wellness champions with the expertise to support mental health and emotional wellbeing in the workplace. Participants will master the psychological dynamics affecting performance, apply practical counselling techniques, and design targeted wellness programs. From stress management to culture building, the program lays a foundation for organizations to thrive with compassion, resilience, and strategic emotional support.

Course Objectives

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

- Understand how mental health impacts workplace performance and team dynamics
- Recognize and respond to stress, trauma, burnout, and other behavioral health challenges
- Apply core counselling and introductory psychotherapy methods for workplace intervention
- Build wellness programs tailored to organizational realities and needs
- Promote a culture of psychological safety and emotional resilience
- Champion mental health initiatives with clear leadership buy-in and data-driven outcomes

Target Groups

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

- HR Professionals
- Workplace Counsellors
- Managers Promoting Employee Wellness
- Organizational Wellness Strategists

Den PN Gathitu

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	Workplace Mental Health Wellness & Counselling Skills training from 17th - 22nd Nov, 2025 at Blooming Suites, Naivasha	70,000.00	0.00	70,000.00
GROSS (KES): Seventy Thousand				70,000.00

PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

PAYMENT DETAILS

M-PESA Pay Bill No: 247247 | **Account No.:** 300245 | **Amount:** KES 70,000.00

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