

Academy of Certified Human Resource Professionals Ltd.

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

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

2 +254 700 722 522 | **3** +254 722 300 245.

NITA: NITA/TRN/1234

IHRM: C00259

HR Strategy & Organizational Alignment Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
29th Oct, 2025	2:00 PM-5:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

This module focuses on aligning HR initiatives with organizational strategy. Participants learn how to translate vision into actionable HR plans and ensure HR delivers measurable business value.

Course Objectives

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

- Align HR strategy with organizational goals.
- Translate strategic vision into HR interventions.
- Evaluate HR's impact on business performance.

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 HR Strategy & Organizational Alignment		Video Link		
		https://www.youtube.com/watch?v=vh0ztELa2WM		

DenMGathilu

CHRP. Den PN Gathitu Secretary General

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

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DATE: 06:11:2025		PROFOR	PROFORMA INVOICE								
Invoice To:											
QTY DESCRIPTION				NET (KES)	VAT (KES)		GROSS (KES)				
1	HR Strategy & Organizational Alignment training			1,500.00	240.00		1,740.00				
CDOCC On a Theorem d Corren Househood Fourter							1,740.00				
GROSS: One Thousand Seven Hundred Forty ***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											
NOMI	NEE DETAILS										
We wi	sh to Nominate our employe	e(s) listed below	to at	tend the above	trainin	g:					
#	NAME			EMAIL ADDRESS			TELEPHONE				
NOMINATION AUTHORIZATION & FUNDING CONFIRMATION											
I, the ı	undersigned, authorize this r	omination and o	confir	m that funds ar	e availa	able for th	nis 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.											