

## Workplace Mental Health Awareness Champion Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
27th Oct - 1st Nov, 2025	08:30 AM-4:00 PM	6 Day(s)	Blooming Suites, Naivasha	6	60,000.00

### Course Overview

This immersive course equips HR professionals, wellness coordinators, and people leaders with advanced tools to deliver mental health support and emotional counseling within organizational contexts. Participants learn to create psychologically safe spaces, intervene ethically in mental health cases, and champion wellness initiatives that respond to real behavioral risks. Grounded in workplace realities and aligned with mental health protocols, this course blends counseling psychology, therapeutic frameworks, peer support design, and strategic policy alignment. Graduates emerge as certified internal counselors equipped to transform

### Course Objectives

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

- Apply foundational counseling principles and behavioral health techniques in workplace scenarios.
- Conduct effective supportive sessions and emotional check-ins with staff.
- Recognize symptoms of workplace trauma, anxiety, depression, and burnout.
- Deliver low-level therapeutic interventions and refer complex cases ethically.
- Design targeted mental wellness plans using organizational diagnostics.
- Facilitate coaching and conversations that promote psychological safety.

### 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;	<b>PROFORMA INVOICE</b>	<b>DATE: 30:01:2026</b>
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QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>Workplace Mental Health Awareness Champion</b> training from <b>27th Oct. 2025 - 1st Nov. 2025</b> at <b>Blooming Suites, Naivasha</b>	60,000.00	0.00	60,000.00
<b>GROSS (KES):</b> Sixty Thousand				<b>60,000.00</b>

#### PARTICIPANT(S) DETAILS

NO.	NAME	EMAIL ADDRESS	TELEPHONE

#### PAYMENT DETAILS

**M-PESA Pay Bill No:** 247247 | **Account No.:** 300245 | **Amount:** KES 60,000.00

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](mailto:admin@achrp.org)

The above training Cost does not include Transport & Accommodation