

#### 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

### Stakeholder Engagement & Leadership Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
30th Oct, 2025	2:00 PM-5:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

## **Course Overview**

IHRM: C00259

This module develops skills for engaging stakeholders and leading strategic conversations. Participants learn how to map influence, build credibility, and communicate HR priorities effectively.

## **Course Objectives**

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

- Map and analyze stakeholder influence.
- Lead strategic conversations with confidence.
- Build HRBP credibility across leadership levels.

# 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	Video Link		
Stakeholder Engagement & Leadership	https://www.youtube.com/watch?v=zLflyhWf2LA		

DenMGathilu

CHRP. Den PN Gathitu Secretary General

**Academy of Certified Human Resource Professionals** 



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

IHRM: C00259 NITA: NITA/TRN/1234

DATE: 0	6:11:2025	PROFORMA INVOICE										
Invoice To:												
QTY	DESCRIPTION		NET	NET (KES) VAT (KES)			GROSS (KES)					
1	Stakeholder Engagement & Leadership training			0.00	240.0	0	1,740.00					
GROS	S: One Thousand Seven Hun	dred Forty					1,740.00					
***PAYMENT DETAILS***												
Pay Bill No: 247247												
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												
NOMINEE DETAILS												
We wish to Nominate our employee(s) listed below to attend the above training:												
#	NAME		EMA	EMAIL ADDRESS			TELEPHONE					
NOMI	NATION AUTHORIZATIO	N & FUNDING	CONFIRM	IATION								
I, the ι	ındersigned, authorize this r	nomination and c	onfirm tha	it funds ai	re 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.