



**Workforce Development Agreement (WDA) Programs**  
**Request for Training Referral**  
**Under Section 25 of the Employment Insurance (EI) Act**

Contract Number	C22VUG215
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**Participant Information**

Name:	
SIN:	
Contact Info (phone/email):	

**Training Information**

Program Name:	Empowering Youth Entrepreneurs (EYE) Program
Training Agency:	Mission Community Skills Centre Society
Start Date:	
End Date:	
Hours per week:	25hrs

Notes:
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Referring Manager:	Alyssa Teekah, Program Manager
Phone Number:	
Program Manager's Email:	<a href="mailto:Alyssa.Teekah@gov.bc.ca">Alyssa.Teekah@gov.bc.ca</a>
Date Referred:	
Referring Manager:	Shauna Laming, Contract Manager
Phone Number:	778-405-1950
Program Manager's Email:	<a href="mailto:Shauna.laming@gov.bc.ca">Shauna.laming@gov.bc.ca</a>
Date Referred:	

ELMSD Employee:	
Section 25 Input:	
Notes:	