

# Skills Development Program Participation Confirmation

Date: [Insert Date]

Dear [Participant's Name],

We are pleased to inform you that you have been accepted into our Skills Development Program at [Agency Name]. This program aims to enhance your skills and empower you to achieve your personal and professional goals.

Program Details:

- **Start Date:** [Insert Start Date]
- **Duration:** [Insert Duration]
- **Location:** [Insert Location]
- **Contact Person:** [Insert Contact Name and Details]

Please confirm your participation by returning the attached form by [Insert Deadline]. We look forward to your active participation and a successful journey together.

Thank you,

[Your Name]

[Your Title]

[Agency Name]

[Agency Contact Information]