EXPRESSION OF INTEREST

Build a Better Business Workshop

Designed to enhance the business skills, profitability & growth of small businesses, Small Business Solutions provides owners the opportunity to get real business assistance from accredited industry professionals.

Facilitator Geoff Neil



Geoff has strong business background with over 25 years experience. Geoff can relate to the challenges owners face and the level of support required being successful on a day to day basis. He specialises in assisting business development though marketing & branding, business improvements, financial analysis, strategic planning, human resources, distributions and logistics.

Participants who complete the full workshop and mentoring program may be eligible to receive a nationally accredited qualification

BSB40407 Certificate IV in Small Business Management

Dates 6/10, 7/10, 13/10, 14/10, 20/10

Time 5:30pm - 8:30pm

Venue 194 West Street (Cnr West & South Street), Toowoomba 4350

Cost \$395 for 5 workshops. Includes 2 hours one-on-one business

mentoring. Series of 5 business workshops, networking opportunities and business mentoring support.

Cost is valid for the program running between 1st July to 31st December 2015.

Bookings 1300 40 60 80 or enquiries@smallbusinesssolutions.qld.gov.au

Benefits > Develop an action plan to better your business

- > Understand the legal requirements in your business
- > Plan and grow your finances
- Create an innovative marketing strategy
- > Develop an innovative team
- > Directly address your customers needs
- > Build on your client relationships
- > Establish business networks and support
- > Get business advice from a range of successful business owners
- > Produce a practical, user-friendly business plan

Please refer to enquiries@smallbusinesssolutions.qld.gov.au for more details

5 - 10 PARTICIPANTS PER WORKSHOP, REGISTER NOW!

Please fill out the expression of interest form below and fax to 07 3215 1515 or email enquiries@smallbusinesssolutions.qld.gov.au

Name:	Business Trading Name:	
Mobile Number:	Business / Home Phone Number:	
Email Address:		
Are you a business Owner/Manager?: Yes / No		
How many years of business experience do you have?:		
Region/Suburb that you want to participate in the mentoring and workshop:		











MALL BUSINES SOLUTIONS