



THE BUSINESS SKILLS FOR SOUTH AFRICA FOUNDATION

Trust Registration Number IT255/94
Non-Profit Trust Number 004-529-NPO

Plantech Building, 17 Quintin Brand Street,
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IS YOUR BUSINESS PROFITABLE?

IS YOUR BUSINESS MAKING A PROFIT OR DO YOU FIND YOURSELF STRUGGLING TO PAY YOUR EXPENSES MONTH AFTER MONTH WITHOUT GETTING TO THE ROOT OF THE PROBLEM?

The Business Skills for South Africa Foundation (BSSA) invites you to attend a one day training workshop which will assist you to deal with the problem.

1. WORKSHOP CONTENT

- Basic analysis of your:
 - Income Statement
 - Cash flow statement
 - Balance sheet (statement of financial position)
- Cash flow management

2. ADMISSION INTO THE WORKSHOP

A candidate for this workshop is someone who is numerate and has the ability to use a calculator.

3. WORKSHOP OBJECTIVE

Upon completion of this course the learner should be able to:

- determine the extent to which his/ her own business is profitable;
- understand the difference between profit and cash;
- know how to manage the cash flow in a business.

4. COST

R160 per person which includes training materials and a finger lunch

Chief Executive Mr. D Mashamba
Trustees Mr. S Subramoney, Mr. SS Skhosana, Ms. KB Mohlala, Mr. JM Mogodi, Mr. S Bukula,
Ms. Y Mdoda, Mr. IS Fourie, Mr. S Ndwandwe, Mr. IS Scott, Mr. V Jack

In conjunction with PricewaterhouseCoopers Incorporated and the National Industrial Chamber

5. CERTIFICATE

A certificate of attendance will be issued to learners.

6. COURSE VENUE

17 Quintin Brand street
Plantech building
BSSA offices
Lynnwood

Date : 24 August 2010

Time : 8H30 to 17H00

For more information please contact David Mashamba or Mazo Mahlangu at 012 349 1777.

To register for the course please fill in the registration form provided below and submit this to Nelly Ranape at nelly@bssa.co.za or call Nelly Ranape at 012 349 1777.



The Business Skills for South Africa foundation

Candidate registration form

Date:				
Course No:	1811			
Venue:				
Lead Trainer:				
Support Trainer:				
Name middle initial(s) and Surname to appear on the certificate				
Gender: (Male or Female)				
Race: (required by donor)				
Disability (please tick)	Yes		No	
ID No:				
Age:				
Home Address:				
Postal Address:				
Area: Rural / Urban:				
Home Telephone No:				
Cell Phone No:				
Idea, planning to start or existing (please tick)	Idea	Planning to start	Existing	
Name of Business:				
What type of business are you in? (please tick)	Manufacturing e.g. welding, dress making, furniture manufacturing	Services e.g. cleaning, transport, salons	Retail e.g. general dealers, tarvens and spazas	Construction e.g. Electricians, plumbing, building
Existing business (please tick)				
Years in business:				
No of employees:				
Business Telephone No:				
Business Address:				
Email Address				
Fax no:				
Average turnover/sales p/m <input type="checkbox"/> R 500 - R 2000 <input type="checkbox"/> R 2001 - R 5000 <input type="checkbox"/> R 5001 - R 10000 <input type="checkbox"/> R 10001 - R 15000 <input type="checkbox"/> R 15001 - specify if more R _____	Do you keep record of <input type="checkbox"/> Sales <input type="checkbox"/> Purchase <input type="checkbox"/> Stock <input type="checkbox"/> Cash payments <input type="checkbox"/> Cash receipts <input type="checkbox"/> No records		Own capital invested in business R _____ Loan capital in business R _____	

Please fill in average turnover, it is needed to track progress in your business