# Cake Decorating Courses - Business Plan Template

## Business Details

|  |  |
| --- | --- |
| Name of Business |  |
| Principle Owner |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Website |  |
| E-mail |  |
| Legal Status |  |

## Business Mission Statement:

## Your Key Core Values

## What are the 3 Key Reasons YOU want to start this business?

1.

2.

3.

## Objectives

To Achieve YOUR dream business First focus on the 3 YEAR OBJECTIVE then bring it back to what you need to do within the next 3 months to move towards achieving that objective.

Create SMART Objectives – Specific, Measureable, Achievable, Realistic & Time bound

|  |  |
| --- | --- |
| Within 3 months |  |
| Within 6 months |  |
| Within 12 months |  |
| Within 24 months |  |
| Within 36 months |  |

## The Competition

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Business | Describe what they do well | Describe what they could improve on | Marks out of 10 |
|  |  |  |  |
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## Capacity

|  |  |
| --- | --- |
| How much time can you give to the business each week? |  |
| How much of that time will be taken up by admin?  i.e. ordering stock, marketing, bookkeeping, learning |  |
| How much time does that leave for running courses? |  |
| How many courses do you want to run? |  |
| What’s Stopping you from running that number? |  |
| Is this reflected in the objectives above? |  |

## Marketing Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity | Start | Live | Cost | Measure | Comments |
| *e.g. Competition local paper* | *01/04/10* | *01/05/10* | *£200* | *Promo code 1* | *Win a place on a course. Code ‘1’ 10% OFF.* |
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## Admin and Compliance tick list

|  |  |  |
| --- | --- | --- |
| 1 | Environmental Health Officer informed |  |
| 2 | Business Insurance |  |
| 3 | Business Bank Account |  |
| 4 | Working from home? - approval of lender |  |
| 5 | HMRC – Tax |  |
| 6 | HMRC - VAT - see Chapter on VAT |  |
| 7 | Sourcing suppliers |  |
| 8 | Business Plan Completed and review date set |  |
| 9 | Marketing Plan Completed and review date set |  |

## Plan of Action

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action Required | Priority  1 to 10 | By [date] | Responsible | Comments |
|  |  |  |  |  |
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DATE FOR REVIEW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_