



Customer Support Plan

Development Date:

Review Date:

Status:



Name:	Bryan Botterill
Preferred Name:	Bryan
Passions and interests:	Art, Video Games, Graphic Design and Soccer
Date of Birth (DOB):	23/12/1988
Home Address:	Unit 6 - 7 Wastell Street, Northcote, 3070
Ph:	0423379146
Email:	bryanbotterill@gmail.com
Emergency Contact name:	Ashley St-Pierre
Emergency contact Ph:	0476530730
Emergency Contact email:	ashley.deluso@gmail.com

Communication Method:	Phone or Email
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Medical, Health & Support Details

The following information provides a brief overview of your medical, health and support details. You do not have to answer these questions, however, our staff having knowledge of these details will allow us to provide appropriate support and educational opportunities. Please note, all MK Education staff are trained in First Aid but are not responsible for administering medication nor providing personal care support.

Do you have any Allergies?	Dust Mites, Pollen
Do you have Asthma? If so, please attach a copy of your Asthma plan	No
Do you have Diabetes? If so, do you need support with any administering of medication?	No
Do you have Epileptic Seizures? If so, please attach a copy of your Epilepsy Management Plan.	No
Do you have any specific behaviours we should be aware that may impact our time together?	No
Do you require any support with moving around, i.e., assistance with using a wheel chair up hills etc.	No

Do you require support with personal care?	No
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1. Medication, Medical and Paramedical

Are you using any on on-going medication we should be aware of?	Sleeping Medications and Anti-Depressant
If so, are you independent in taking this medication?	Yes
Any comments	

2. Other Care Issues

Do you have a blind/vision impairment?	No
Do you have a deaf/hearing impairment?	No
Do you have Mental health issues you are comfortable diclosing and for us to be aware of?	Depression

3. Personalities and specific behaviour to be aware of

Do you feel you have any behaviours that we should be aware of to support to to the best of our ability? Such as	Sometimes I'm a little silent during meetings due to lack of intaking information
Aggressive behaviours?	No
Inappropriate sexualised behaviours?	No
Drug and alcohol issues	No
Absconding concern	No
Fire risk behaviours	No

4. Cultural and Linguistic Diversity

Are you religeous and have any religious or cultural affilations or requirements you feel we should know about?	No
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8. Meal Time Assistance and Dietary Requirements

Do you require any support during meal times? food/drink intake	No
Do you have a special diet such as vegetarian and vegan diets?	No

10. Education and Work

<p>Have you done any work experience? If so where and when?</p>	<p>Freelance Graphic Designer - 2015 - Present Remote fulltime work as a Graphic Artist/Designer - 2021/2023</p>
<p>Are you currently Employed in paid work? If so, where and what is your role?</p>	<p>No</p>
<p>Have you done any Volunteer work before? If so where and when?</p>	<p>No</p>
<p>Where would you love to work or what would you love to do for a job?</p>	<p>I dont mind doing remote work or heading to a work facility I want to return back to my Graphic Arts/Design Career</p>

Please add any further comments or information you feel is necessary for us to know.

Final Statement

This Customer Support Plan is an accurate outline of (insert name) individual support requirements. I give consent for this information to be provided to staff employed by MK Education. I understand that this document can be updated regularly and I will inform the relevant person/s of any changes required. I am aware that this document will be formally reviewed on an annual basis.

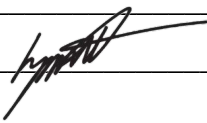
Please note, if you require personal care support, you must provide the necessary 1:1 support for the duration of your workshop with MK Education.

MK Education is not responsible for the administration of any medications unless agreed upon prior with the customer and or their nominated supports.

Document completed by: Bryan Botterill

Signed (Customer/Responsible person):

Date: 11/05/2025

Signed by (Name): Bryan Botterill 

Relationship: _____

MK Education authorised person:

Signed by (Name): _____

Signature: _____

Date: _____