Ideal International Institute Pty Ltd
RTO NO. 46289 I CRICOS NO.: 04296B
Address: Suite 1510, Level 15, 530 Little Collins street, Melbourne, VIC 3000
E: idealinternationalinstitute1@gmail.com
W: www.iii.vic.edu.au| Ph: 1300201247
ABN: 16667624124

AIRPORT PICKUP REQUEST FORM

A. Student & Consent

Given Name: ..... Family Name: .....

Date of Birth: DD___/MM____/YYYY_____ Student ID: .....

B. Home Country Address

Address :.....

Telephone: ..... Mobile: .....

Email: .....

Consent: I authorise III to share my flight and contact details with the contracted transport provider for the sole purpose of arranging my airport pickup. ☐ Yes ☐ NO (If no contact III)

C. Address & Contact person in Australia (if Applicable)

Address :.....

Telephone: ..... Mobile: .....

Email: .....

D. Agent Details (if Any):

Agent Contact: Mr /Ms.....

Telephone: ..... Email: .....

E. Travel Details *(attach itinerary/e-ticket)*

Arrival airport & terminal (e.g., MEL T2):.....

Arrival Date: ..... Arrival time: ..... ☐ AM ☐ PM (AEST/AEDT)

Airline: ..... Flight No: .....

Departure City: ..... Departure Time:

..... Baggage: Checked bags

..... Oversize items (specify): .....

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Name board text (exact name to display):

……

F. Declarations

- I confirm the information provided is correct. I understand airport pickup is an optional support service under the ESOS Act 2000 and **National Code 2018 Standard 6**, and I agree to the **meeting point, waiting time, cancellation and refund** terms.
- I will notify III and the transport provider immediately of any flight change or delay.

Any special needs? (e.g. wheelchair, large amounts of luggage, including family members, **ages of any minors**, child seat needed) *(When you book your flight, send us this information immediately)-*

If you plan to travel with other member of your family, you must advice the Student Support officer. After completing this form, please send it to support@iii.vic.edu.au Must attach your Flight Itinerary while Submitting this form.

This form must be received no later than 72 hours via email prior to your arrival and during reception hours (Monday – Friday 9.00 AM – 5.00 PM AEST)

If there are any queries, call us on 1300201 247 +61 493 475 089

Student Signature_____**Date**_____

Office Use Only – Airport Pickup

Application checked (all mandatory fields + itinerary attached): ☐ Yes ☐ No

Booking made with provider: _____ Ref/Job #: _____

Driver details provided to student (ETA/meeting point sent): ☐ Yes ☐ No

Meet-point & name-board text verified: ☐ Yes ☐ No

Special needs arranged (e.g., child seat/wheelchair/oversize luggage): ☐ N/A ☐ Yes (details) _____

Payment Received: ☐ Yes ☐ No ☐

Outcome: ☐ Completed ☐ Cancelled ☐ No-show (attach evidence)

Processed by (Student Support/Officer): _____ Signature: _____ Date: _____