



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):

Name board text (exact name to display):



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: info@iii.vic.edu.au
W: iii.vic.edu.au | Ph: 1300201247
ABN: 16667624124

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: _____