



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 ASLI 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 ASLI)

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

Address :

Telephone: Mobile:

Email:

D. Agent Details (if Any):

Agent Contact: Mr /Ms.....

Tel: 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):

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.



AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St
Melbourne, VIC 3000, Australia
Phone: +61 3 9639 9951 | Website: www.asli.vic.edu.au
CRICOS No: 03483G | RTO No : 40794

- I will notify ASLI 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 sso@asli.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 +61 3 9639 9951, 1300 200 839

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: _____