M.S Aviation Pty Ltd T/A Australian School of Commerce

RTO NO. 41089 I CRICOS NO.: 03489A

Melbourne Campus: Level 4, 123-129 Lonsdale Street Melbourne, Victoria 3000 Australia Hobart Campus: Level 4, 18 Elizabeth Street, Hobart Tasmania 7000 Australia

Ph: 1300 781 194 I E: Info@asoc.edu.au I W: www.asoc.edu.au

ABN: 87 160 483 447



AIRPORT PICKUP REQUEST FORM

A. Student & Consent								
Family Name:		Given Name:						
Date of Birth:	_DD_/_MM_/_YYYY_	Student ID:						
B. Home Country Address								
Address:								
Telephone:	()	Mobile:						
Email:								
Consent: I authorise Australian School of Commerce (ASOC) 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 Australian School of Commerce (ASOC))								
C. Address & Contact Person in Australia (if applicable)								
Address:								
Telephone:	()	Mobile:						
Email:								
D. Agent Details (if any)								
Agent:								
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 (spe	ecify):					
Name board text: (exact name to display)		'						

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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 Australian School of Commerce (ASOC) and the transport provider immediately of any flight change or delay.

Any special needs?

Student Signature:

(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 members of your family, you must advice the Student Support Officer. After completing this form, please send it to apply@asoc.edu.au. You 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 $9.00 \, AM - 5.00 \, PM \, AEST$).

Date:

If there are any queries, call us on 1300 781 194 (within Australia only) or +61 493891886 (from Overseas).

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	l □ No-show	(attach evidence)					
Processed by (Student Support/Officer):		Signature:		Date:				