



St Albans Institute Pty Ltd t/a Hawk Institute
Level 4, 171 Latrobe Street, Melbourne VIC 3000 Australia
RTO ID: 41451 CRICOS Code: 03596J
Website: www.hawkinstitute.edu.au
Email: info@hawkinstitute.edu.au
Phone: 1300 159 461
ABN 19608522087

AIRPORT PICKUP REQUEST FORM

St Albans Institute Pty Ltd T/A Hawk Institute

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 HAWK 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 HAWK)

C. ADDRESS & CONTACT PERSON IN AUSTRALIA (if Applicable)

Address:

Telephone: (.....)..... Mobile: (.....).....

Email:

D. AGENT DETAILS (if Any):

Agent:.....

Agent Contact: Mr/Ms.....

Telephone: (.....)..... Mobile: (.....).....

Email:



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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: Oversized 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.

☐ I will notify HAWK 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 members of your family, you must advise the Student Support officer. After completing this form, please send it to apply@hawkinstitute.edu.au or info@hawkinstitute.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). *If there are any queries, call us on 1 300 159 461.*

Student Signature: Date:/...../.....

G. 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 and 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: