Greenhill Institute Pty Ltd t/a Greenhill Institute **RTO NO.** 45872 **I CRICOS NO.**: 04029K

Suite 2 - 17 David St Brunswick Vic 3056

Ph:1300136859 | W: greenhillinstitute.vic.edu.au

E: info@greenhillinstitute.vic.edu.au

**ABN:** 36650308875



## AIRPORT PICKUP REQUEST FORM

Greenhill Institute Pty Ltd t/a Greenhill Institute, herein referred to as "GI".

A. STUDENT & CONSENT	
Family Name:	
Given Name:	
Date of Birth:DD/MM/	YYYY Student ID:
B. HOME COUNTRY ADDRESS	
Address:	
Telephone: ()	
Email:	
<ul> <li>Consent: I authorise GI to share my flight and contact my airport pickup. ☐ Yes ☐ NO (If no contact GI)</li> <li>C. ADDRESS &amp; CONTACT PERSON IN AUSTRA</li> </ul>	ct details with the contracted transport provider for the sole purpose of arranging
	ALIA (II Applicable)
Email:	
D. AGENT DETAILS (if Any):	
Agent:	
Agent Contact: Mr/Ms	
Telephone: ()	
Email:	

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E. TRA	AVEL DETAILS (attach itinerary/e-ticket)				
Arrival A	Airport & Terminal (e.g., MEL T2):				
Arrival D	Date:	Arrival Time:		AM /[	□PM (AEST/AEDT)
Airline: .		Flight No:			
Departui	ıre City:	Departure Ti	me:		
Baggage	e: Checked Bags:	Oversized ite	ms (Specify):		
Name bo	oard text (exact name to display):				
F. DEC	CLARATIONS				
a	confirm the information provided is correct. I understand National Code 2018 Standard 6, and I agree to the will notify GI and the transport provider immediately	meeting point, wa	iting time, cancella	•	
	cial needs? (e.g., wheelchair, large amounts of luggage, you book your flight, send us this information immediate		embers, ages of an	y minors, child-se	at needed)
	lan to travel with other members of your family, you to info@greenhillinstitute.vic.edu.au. You MUST attack		• •	-	ting this form, please
This forr 5.00 PM	m must be received no later than 72 hours via email p	rior to your arriva	and during recep	tion hours (Mond	ay – Friday 9.00 AM -
If there a	are any queries, call us on 1 300 136 859.				
Student	Signature:	Date	,	,	
otuueiil i	orginature	Date:	/	/	