

International Student Airport Pickup Request Form

For students requiring an airport transfer to their pre-arranged accommodation

If you require an airport pick up to be arranged for you by Vision College Limited, please complete this form in full.

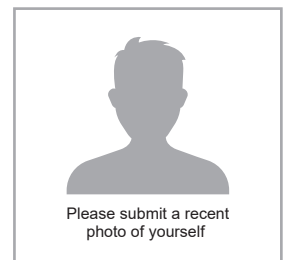
A shuttle company may be engaged to assist with transporting students.

Booking Process:

1. Answer **ALL** questions in this form and sign and date this form
2. Email the form to: international@atc.org.nz

Section 1: Personal Details (as seen on the passport)

Family Name:
First Name(s): English Name:
Date of Birth (dd-mm-yy):
Nationality: Region:
Gender: ☐ Male ☐ Female ☐ I identify as
Email Address:
What language(s) do you speak?



Section 2: Travel Information

We need to know when you are arriving into New Zealand. Please complete with your travel details.

Date of arrival (in NZ): Time of arrival (in NZ):
Country of departure: Flight Number:
I require a shuttle from: ☐ Auckland Airport to Hamilton ☐ Hamilton Airport to Hamilton Accommodation

✍ Attach a copy of you flight itinerary

Section 3: Delivery Information (if known)

Contact Name: Relationship to you?
Address in Hamilton:
NZ Phone: Email:

Section 4: Your Health

Under the NZQA Code of Practice for the Care of International Students, Vision College Limited is required obtain health information from you. We request this information so that should you get unwell while travelling or while using the shuttle service, we know how best to help you.

The information provided **will remain confidential** and will only be shared with necessary Vision College Limited and/or appropriate professionals **IF** it is relevant to your wellbeing.

Do you have a disability or medical condition? (i.e. asthma, epilepsy, diabetes, eyesight problems etc.)	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been treated for any medical issues? (i.e. depression, bipolar, eating disorder, autism etc.)	<input type="radio"/> Yes	<input type="radio"/> No
Are you taking any medication at the moment? (i.e. pain medication, anti-depressants, heart pills, insulin etc.)	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any allergies to medication, animals and/or foods? (i.e. bees, penicillin, cats, dogs, dairy, shellfish etc.)	<input type="radio"/> Yes	<input type="radio"/> No
Have you had surgery or any major injuries in the past 5 years? (i.e. broken bones, head trauma, back injuries etc.)	<input type="radio"/> Yes	<input type="radio"/> No
If you have answered 'yes' to any of the above, please provide additional information here:		

Section 5: Emergency Contact

Contact person in case there is an emergency. If you are under the age of 18, this must be your parent(s) or legal guardian:

Name: Relationship to you:
Can the speak english? ☐ Yes ☐ No What language(s) do they speak?
Address:
Phone: Email:

Section 6: Declaration

Please read this section carefully and tick each box to show that you understand and accept the condition:

<input type="radio"/>	I have answered all questions honestly and truthfully. I agree to update Vision College Limited if there are any changes to my flights/travel plans.
<input type="radio"/>	I understand the cost of the shuttle service will be confirmed upon application of the service.
<input type="radio"/>	I understand that the cost of the shuttle is non-refundable (if cancelled with less than 48 hours' notice) and the cost will be charged to me. No fees are payable to the driver directly.
<input type="radio"/>	I agree to make payment of the shuttle service to Vision College Limited, either prior to arrival or within the first week of my arrival.
<input type="radio"/>	I understand that no abuse, rude or violent behaviour will be tolerated. If asked to disembark the shuttle due to your behaviour, no refund will be applicable. I also understand that if I cause deliberate damage to the shuttle, I am responsible for these costs.

Full Name: Date:
Signature: National Student ID:
By writing your name here, this is considered signed by you (number was provided on the Offer of Place)

Section 7: Making the Payment

Once the application form has been completed, it must be submitted to Vision College Limited and payment of fees made to confirm booking request:

Making Payment of Fees	Airport Pickup Costs
Payments may be made by telegraphic transfer, credit card (Visa, Bankcard or Mastercard) or bank draft to: Account number: 020-536-0305865-01 Payee: Public Trust/Vision College Limited Bank: Bank of New Zealand SWIFT CODE: BKNZNZ22 Bank Address: North End Branch, 100 Lambton Quay, Wellington Reference: Payment MUST have the student's name, National student ID number and PTE reference CL100546495.	Auckland Airport (for Hamilton campus): \$175.00 (one way, shared ride) Hamilton Airport (for Hamilton campus): \$60.00 (one way, shared ride) Christchurch Airport (for Christchurch campus): \$80.00 (one way, shared ride) Not available between 1.00am – 4.00am

Note: We will only make one trip to the airport per day so flights must arrive before 6.00pm (NZ time). If the flight is after 6.00pm the student will be required to stay the night in Auckland.

We recommend accommodation be booked at Jet Park Hotel, they have a shuttle to and from the airport, and a 15% discount off the daily rate if Promo Code JetSetGo is quoted. Accommodation will be at the students cost.

Arrangements will be made to pick the student up the following day and deliver to their homestay.

Also a student arrives over a NZ public holiday they may need to find accommodation until their homestay is available.

In some cases we may make use of a shuttle service and these details will be given to the individual students concerned