



Australian Government

**Seafarers Safety, Rehabilitation
and Compensation Authority**

Declaration that Seacare legislation applies to a ship

This form is to be used to seek a declaration under either section 19(1C) of the *Seafarers Rehabilitation and Compensation Act 1992* or section 6(3AB) of the *Occupational Health and Safety (Maritime Industry) Act 1993* that either or both those Acts apply to a ship.

Please identify the Act/s under which a declaration is sought.

- ☐ *Seafarers Rehabilitation and Compensation Act 1992*
- ☐ *Occupational Health and Safety (Maritime Industry) Act 1993*
- ☐ Both

1. Applicant—employer

| | |
|----------------|----------------------|
| Name | <input type="text"/> |
| ACN/ABN | <input type="text"/> |
| Postal address | <input type="text"/> |
| Contact person | <input type="text"/> |
| Email | <input type="text"/> |
| Telephone | <input type="text"/> |
| Fax | <input type="text"/> |

2. Applicant—operator (if different from employer)

| | |
|----------------|----------------------|
| Name | <input type="text"/> |
| ACN/ABN | <input type="text"/> |
| Postal address | <input type="text"/> |
| Contact person | <input type="text"/> |
| Email | <input type="text"/> |
| Telephone | <input type="text"/> |
| Fax | <input type="text"/> |

3. Ship

Name

IMO

Owner

4. Period of Declaration

State the specific period (if any) for which the declaration is sought.

5. Prescribed ship

(a) Explain how the ship is a ship to which Part II of the Navigation Act 1912 would apply if that Act had not been repealed.

(b) Is the ship self-propelled? ☐ Yes ☐ No

(c) Is the ship a Government ship? ☐ Yes ☐ No

Answer either 6 or 7

6. Off-shore industry vessel

State how the ship would come within the definition of “off-shore industry vessel” in section 8(4) of the *Navigation Act 1912* if that Act had not been repealed.

7. Trading ship

- (a) State how the ship would come within the definition of “trading ship” in section 6(1) of the *Navigation Act 1912* if that Act had not been repealed.

- (b) Specify (tick) the types of trade or commerce that the ship is engaged in:

- ☐ between Australia and places outside Australia
- ☐ between 2 places outside Australia
- ☐ among the States
- ☐ within a Territory
- ☐ between a State and a Territory
- ☐ between 2 Territories

8. Reason for application

State why the application is being made

9. How to submit this form

After completing this form, please send it to seacare@comcare.gov.au.

10. Additional information

For additional information about declarations under the Acts, please refer to the Seacare Authority Declaration Guidelines.