



**Australian Government**

**Seafarers Safety, Rehabilitation  
and Compensation Authority**

# Section 20A Request for Exemption from the Application of the *Seafarers Rehabilitation and Compensation Act 1992*

Seacare form 10

This form should be used to request an exemption from the *Seafarers Rehabilitation and Compensation Act 1992* pursuant to section 20A of the Act. As part of this application, you should:

- ensure that the conditions established by the Seacare Authority Exemption Guidelines (Guidelines) are met —the Authority considers all requests for exemption in accordance with these Guidelines
- complete and sign the attached application form
- check the residency details of the employees subject to the proposed exemption
- attach written evidence of the workers' compensation policy that will completely cover employees in the event that an exemption is granted and sign the declaration—see guidance on what constitutes sufficient written evidence at **Attachment A**
- send the application form to the Authority by emailing **seacare@comcare.gov.au**; or mailing to **Seacare Authority, GPO Box 9905, CANBERRA ACT 2601** at least seven days before the commencement date of the proposed exemption
- call **02 6275 0070** or email **seacare@comcare.gov.au** to notify the Seacare Authority that an application form has been submitted
- consider advising the relevant employees of the exemption if granted.

Issued by the Seacare Authority  
July 2021



**Australian Government**

**Seafarers Safety, Rehabilitation  
and Compensation Authority**

# Application for section 20A exemption *Seafarers Rehabilitation and Compensation Act 1992*

Seacare form 10

## 1. Applicant's details

Name	
Company	
Position in company	
Postal address	
Telephone	Fax
Email	

## 2. Applicant's employer details

Trading name	
Company name	
ABN/ACN	
Contact officer	
Postal address	
Telephone	Fax
Email	

## 3. Are any other employers associated with the ship and voyage(s) this exemption relates to?

- No. Go to question 4.
- Yes. For each additional employer, complete questions 2, 5 and 6 on a separate form.

## 4. Details of the ship and voyage(s) an exemption is being requested for

Name of ship(s)	
Detailed description of purpose of voyage	
Start date	Departing from
End date	Arriving at
Other relevant details (e.g. ports to be visited)	

5a. Estimate the number of employees from each location listed that will be subject to the proposed exemption (if multiple employers exist, each employer must provide this information)

State of residency	NSW	VIC	WA	QLD	SA	TAS	NT	Outside Australia
Number of employees								

5b. These employees represent:

- All employees on the ship
- A particular group or groups of employees. If so, list the name(s) of the group(s)

- A particular employee or employees. If so, list the name(s) of the individual(s)

6. The factor/s of exemption under which this application is made

- A. The availability of workers' compensation insurance under a state or territory scheme, at a cost lower than that available under the Seacare scheme.
- B. The prescribed ships' proposed voyage does not constitute a regular trading/operating pattern and is incidental to the primary operations of this ship.
- C. The prescribed ship/s is/are operating within a Territory only
- D. The prescribed ship is expected to voyage between two places outside Australia over a period of 12 months or more, and the majority of the crew on the prescribed ship are not residents of Australia.

7. Attach written evidence of the workers' compensation policy that will completely cover the above employee(s) for the voyage(s) described in section 4 in the event that the Authority grants your request (this must be provided for each employer involved)

Signature	Date
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Note: The Seafarers Safety, Rehabilitation and Compensation Authority is empowered to grant exemptions from the *Seafarers Rehabilitation and Compensation Act* under section 20A of that Act. A decision made under section 20A is reviewable under the *Administrative Decisions (Judicial Review) Act 1977*.

## Attachment A

# Written evidence

1. In the case of an employer who is not approved or licensed as a workers' compensation insurance self-insurer the following constitutes sufficient written evidence of a workers' compensation policy:
  - a letter, certificate of coverage or relevant policy document from your insurer detailing your insurance coverage, or
  - a letter from your state/territory workers' compensation authority detailing coverage.

Documentation provided, as indicated above, must include the following:

- full name of the employer
- name of the insurer
- policy details (such as the relevant workers' compensation scheme)
- policy number
- date of commencement of policy
- date of expiry of policy (or if a rolling policy, indicate this)
- the situation and voyages for which cover will be provided
- a quotation or invoice issued by an approved insurer or broker indicating the cost of the workers' compensation insurance.

**DECLARATION**—For employers who are not approved or licensed as a workers' compensation self-insurer, I declare that I have made inquiries for Seafarers Act insurance and have not been able to obtain such insurance at a lower cost than the workers' compensation insurance.

Name	
Position	
Signature	Date

2. In the case of an employer who is approved or licensed as a workers' compensation insurance self-insurer the following constitutes sufficient written evidence:
  - a document issued by the relevant state or territory authority indicating that the employer is an approved or licensed self-insurer.

**DECLARATION**—For employers who are approved or licensed as a workers' compensation insurance self-insurer.

I declare that I am not aware of any act or omission that would be grounds for revocation or suspension of my approval or licence as a self-insurer, and I have adequate resources (including provisions, reserves and any reinsurance) to meet my current and projected workers' compensation liabilities.

Name	
Position	
Signature	Date