



**Australian Government**

**Seafarers Safety, Rehabilitation  
and Compensation Authority**

# SEACARE AUTHORITY ONLINE REPORTING SYSTEM (Seacare Online)

## User Access Request Form

Return by fax (02) 6275 0067 or email [Seacare@comcare.gov.au](mailto:Seacare@comcare.gov.au)

This form must be completed by every person requiring access to Seacare's online reporting system – Seacare Online—to report on Employee and Ship Details (ESD) and Workers' Compensation Insurance Arrangements.

Please note that it may be necessary to place some restrictions on the number of users from each employer with access to Seacare Online.

**Please complete a different form for each user**

### Applicant's personal details

Title: Mr/Mrs/Ms/Miss/Dr	Given name:	Family name:
Position/title:		Employer ABN number:
Employer name:		
Employer address:		
Phone:	Fax:	
Email (of user):		

Are you your company's principal ESD contact?  Yes  No

Are you your company's principal insurance arrangement contact?  Yes  No

### Applicant's Declaration

I understand that, as an Authorised User, I am to be provided with access to Seacare Online. In relation to this access, I accept that:

1. Access is granted for authorised use only. Authorised access is limited to the entering of data related to my employer, access to data related to my employer and changing of my own password. In providing me with a user ID and password for my exclusive use, Seacare considers usage of Seacare/Comcare IT resources by such identification to be attributable to me.
2. Users of Seacare Online without authority, or in excess of authority, may have their activities recorded by the Administrators. Where usage reveals evidence of criminal activity, the Administrators may provide details of usage to law enforcement officials.
3. I undertake not to access, use, disclose, or retain any information obtained from *Seacare Online* except in the performance of my duties.
4. Access may be denied by the Administrator at any time, for any reason.

Applicant's signature:	Date	/	/
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### Seacare administrator (complete this section when issuing user account details)

Name:	Signature:	Date	/	/
User ID:	Initial password:			