

# Seacare Authority Online Reporting System (Seacare Online)

## User Access Request Form

*Return Fax to: (02) 6275 0067*

*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**

<i>Applicant's Personal Details (PLEASE PRINT)</i>		
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 Arrangements contact?:	Yes .....	No.....

<i>Applicant's Declaration</i>	
I understand that, as an Authorised User, I am to be provided with access to <b>Seacare Online</b> . In relation to this access, I accept that:	
<ol style="list-style-type: none"><li>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.</li><li>2. Users of <b>Seacare Online</b> 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.</li><li>3. I undertake not to access, use, disclose, or retain any information obtained from <b>Seacare Online</b> except in the performance of my duties.</li><li>4. Access may be denied by the Administrator at any time, for any reason.</li></ol>	
Applicant's Signature: _____	Date: ____/____/____

<i>Seacare Administrator (complete this section when issuing user account details)</i>		
Name: _____	Signature: _____	Date Issued: ____/____/____
User ID: _____	Initial Password: _____	