



**Australian Government**

**Seafarers Safety, Rehabilitation  
and Compensation Authority**

**SEACARE AUTHORITY FORM 11  
BERTHS AND LEVY RETURN**

***Seafarers Rehabilitation and Compensation Levy Collection Act 1992  
(Levy Collection Act)***

**Seafarers Rehabilitation and Compensation Levy Collection Regulations 2002**

Section 6 of the Levy Collection Act provides that an employer must provide a Return containing ship berths information to the person prescribed by the Levy Collection Regulations, within 14 days of the beginning of each quarter.

The person prescribed by the Regulations is the Seacare Authority.

The Levy Collection Regulations also require that additional information on levy payments be provided with the Return.

Parts A and B of this form comprise the Return under the Levy Collection Act. Part C is the additional information required by the Levy Collection Regulations.

All parts of this form should be completed and sent to the Seacare Management Section by:

***POST* - Seacare Management Section  
GPO Box 9905  
CANBERRA ACT 2601**

**or**

***FAX* - 02 6275 0067**

**or**

***EMAIL* - [seacare@comcare.gov.au](mailto:seacare@comcare.gov.au)**

**Return - Part A - Employer Details**

Name of Employer .....

Contact Person .....

Ph ..... Fax .....

Email .....

Date of Return / /

Financial Year .....

Quarter 1 (July-Sept)     Quarter 2 (Oct-Dec)     Quarter 3 (Jan-Mar)     Quarter 4 (Apr-June)

**Return - Part B - Statement of Ship Berths Details**

Please provide a statement of details of the number of seafarer berths on each prescribed ship at the first day of the quarter and the total number of berths on all ship/s operated by your company.

Name of ship [*state name of each ship*] .....

Total berths on ship [ <i>insert number of berths for each ship</i> ]	
Total berths on ALL ships of the employer [ <i>insert number</i> ]	

*Please attach berth details for all additional ships*

**Additional information required - Part C - Levy Payment Details**

(a) Total amount of levy paid this quarter \$.....

(b) Method of payment

By cheque

Direct debit

(c) Date of payment / /

(d) Employer ABN.....