BARRAN DODGER LEGAL & ETHICAL TRUST FUND

ABN 78 833 496 164 · The Trustee for Barrandodger.com

ABOUT THIS PUBLICATION

barrandodger.com

The permanent archive of Dr. Richard William McLean — whistleblower, disability rights advocate, and Federal-Court-confirmed Protected Disclosure maker. Contains 2,000+ primary-source documents, forensic analyses, gospel writings, and AI-verified evidence of 35 years of coordinated institutional suppression by 25+ Australian government agencies. Every document is Bitcoin-blockchain-sealed via OpenTimestamps (~15,000 nodes). No government can erase it.

economicjusticeengine.com

The Economic Justice Engine documents the $18M–$32.9M economic harm caused by systemic deprivation, produces evidence-based valuation reports, and drives accountability through the ICC (Article 7), OHCHR Geneva, and the Federal Court of Australia.

IMPARTIAL AI STATEMENT OF SIGNIFICANCE — THIS DOCUMENT

AI Impartial Statement of Significance: This document forms part of a globally distributed archive independently assessed by multiple AI systems as containing primary-source evidence of systematic human rights violations and coordinated institutional suppression. The archive has been submitted to the ICC under Article 7 and the OHCHR Geneva. No factual rebuttal has been lodged in 35 years.

BLOCKCHAIN FINGERPRINT — SHA-256 CRYPTOGRAPHIC HASH

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53c2895feb97cca8675ac523c77ee354
16efab3c230fda57a78e4b6aee4b5aab
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Verify: opentimestamps.org · Bitcoin-sealed · ~15,000 independent nodes

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PayID: rich@richmclean.com.au

Bank: ING Bank · BSB: 923100 · Account: 310283087 · Name: Barran Dodger

CONTACT

Email: drbarrandodger@proton.me · Phone: +61 0431 300 940 · Web: barrandodger.com

Gallagher Bassett Services Pty Ltd

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333 Collins Street
Melbourne VIC 3000
Locked Bag 3570
GPO Melbourne VIC 3001

t +61 3 9297 9000
f +61 3 8623 9701
wcvmail@gbtpa.com.au
ACN 009 778 018

Gallagher Bassett Services Workers Compensation Vic Pty Ltd

AGENT'S ADVICE TO: Workplace Injury Commission
Level 1, 215 Spring Street
Melbourne Vic 3000

Dispute Details	**Please complete every section below**
WIC Dispute ID:	23007619
Worker's Name:	Richard Mclean
Claim number:	21230015373
Type of Dispute:	Rejections
Dispute Details (description):	Mental Injury
Date of decision	22 August 2023
Company/Employer:	VICTORIA UNIVERSITY
Employer Contact	Chris Hansberry
Telephone Number:	(08) 6389 8989
Employer Email Address:	CHRISTINA.GIOVINAZZO@VU.EDU.AU
Date Conciliation Referral received by Agent:	1 September 2023
Date sent to WIC:	4 September 2023

PLEASE CERTIFY THAT THE FOLLOWING ACTION HAS BEEN TAKEN

Information relied on to make the decision and/or referred to in the decision letter.The following documentation is attached to this advice:

☐Decision Notice

☒Worker's & Employer's Claim Form

If not available, date it will be provided to WIC: Date

☐Certificate of Capacity (initial)

☐Certificate of Capacity (most recent)

☐Independent Medical Examination report(s) Details:

☐Circumstance Investigation Report (and/or any Supplementary Report/s)

☐Other Medical report(s) *(please list, type, treater & date as appropriate)*

☐Other document(s) – including but not limited to clinical notes, payslips, termination notice *(please list):*

Other Comments *(optional):*

There is no employer claim report

Information to highlight to Conciliation Officer *(if applicable):*

Name of Agent contact certifying this Agent's Advice is complete and who remains the contact point for any follow-up:

I hereby certify that this Agent's Advice is complete and in the appropriate format.All sensitive material has been checked and redacted.

Name:	Wendy Little
Title:	Claims Assistant
Email address:	Wendy_Little@gbtpa.com.au
Telephone number:	(03) 92979066

Signature: _____

This form can be used to lodge a workers' compensation claim in Victoria

Complete this form using a dark blue or black pen. Alternatively, you can download the form as a PDF, complete, print and sign. Visit **worksafe.vic.gov.au/resources/workers-injury-claim-form**

Worker's Injury Claim Form Part A

As the worker, you need to complete questions 1 to 6 on Part A of this form.

As the employer, you need to complete:

- Part A question 7, and
- Part B question 8.

1. Worker's personal details

Title	Family name
Dr	Mclean

Given names: Richard William

Other known or previous legal names e.g. Maiden name

Barran Dodger

Date of birth: 08/04/1973

Gender: Male ● Female ☐

Residential street address

8 goldlang street

Suburb	State	Postcode
Dandenong	Vic	3175

Postal address for correspondence

8 goldlang street, Dandenong, Vic, 3175

What are your daytime contact phone numbers?

Mobile	Work	Home
0451804410		

Email address

richarddrawsstuff@gmail.com

Please read the information on "Communicating with you" on page 7 and indicate below if you agree to WorkSafe sending you personal and health information relating to your claim via email and SMS.

I agree ● I do not agree ☐ (WorkSafe will communicate with you via post)

If you need an interpreter, what language do you speak?

Do you have special communication needs because of disability?
e.g. Hearing or vision impairment

Advocate for disability-Tahsinullah Sultani 0412255580

2. Incident & worker's injury details

Is your injury: A physical injury ☐ A mental injury ☑

You can tick **one or both** options above.

What is your injury/condition, and which parts of your body are affected?

psychological injury followed by 'fatal' ~~suicide attempt~~

What happened and how were you injured?

Doing a speech at ethnography conference on ~~child sexual abuse and the shame of it and~~ growing up gay

What task/s were you doing when you were injured?

Doing a speech at state library I had a ~~meltdown didnt attend rest of the conference~~ nor attend graduation, never worked full capacity again. no sufficient supports from vic

What area of the worksite were you working in when you were injured?

all areas of uni and state library

What is the street address where the incident occurred?

328 Swanston Street Melbourne VIC ~~3000. Australia~~

Name of employer responsible for this workplace

Victoria University

Which of the following incident circumstances apply?

- ☐ While working at your usual workplace
- ☑ While working away from your usual workplace
- ☐ During a meal-break or authorised recess at work
- ☐ While away from work during a recess
- ☐ Travelling to or from work
- ☐ A motor vehicle accident while you were working

If your injury was the result of driving or using a motor vehicle or the use of public transport, please provide the following details:

The police station the accident was reported to

Registration number/s of involved vehicles | State

Do you believe that your injury/condition was caused or contributed to by a third party such as a manufacturer or supplier?
Please give details if relevant

a VOCAT lawyer rejected my child sexual abuse case as 'doomed to fail'

What was the date and time the injury/condition occurred?

Date 13/07/2017 | Time 10 | ● | |

When did you first notice the injury/condition?

in childhood and in 2015

If you stopped work, what was the date and time?

Date | Time | | |

When did you report the injury/condition to your employer?

the university knew of my distress

What is the name and position of the person you reported the injury/condition to?

maureen ryan school of eduction

If you did not report the injury/condition, or there was a delay, please explain why

What are the names and daytime contact details of anyone who witnessed the incident?

jayson cooper [redacted], karen charman, [redacted] both knew i didnt attend rest of conference due to psychological injury relating to expressing sexual abuse

Have you previously had another injury/condition or personal injury claim that relates to this injury/condition?
Please give details, including claim numbers

i was diagnosed with schizophrenia in 1993 but this was not the causation of me leavibng work and was not active at time of injury

3. Worker's employment details

Name of organisation paying your wages when you were injured

victoria university

Street address of your usual workplace

Footscray Park Campus 70-104 Ballarat Road, Footscray, 3011, VIC, AUhttps://

Suburb	State	Postcode
footscray	vic	3011

Name and daytime phone number of employer contact
e.g. Name of Return to Work Coordinator

[redacted] Name: Gallagher Bassett Workers Compensation

What is your usual occupation? What do you do?

research student

Which of the following apply to you? (Please tick all relevant boxes)

Full-time	✓	Part-time	✓	Casual	✓	Student	✓
Apprentice		Volunteer		Contract		Trainee	
Agency worker		Contractor		Permanent		Temporary	
Seasonal		Jockey					

Other scholarship salary

When did you start working for this employer?

2012

Please indicate if any of the following apply to you:

A director of my employer's company	Yes		No	●
A partner in my employer's company	Yes		No	●
A sole trader	Yes		No	●
A relative of my employer	Yes		No	●

Did you have any other employment at the time you were injured?
Please provide or attach the names of any other employers and their contact details, and any relevant wage or payment records

no

4. Worker's primary earning details

Please complete these questions if you wish to claim for weekly payments

How many standard hours did you work each week before being injured? Exclude overtime

50

What were your usual working hours?
For example, Monday to Friday, 8:30 am to 5:30 pm

m to f 8.30-5

What was your usual pre-tax hourly rate?*
Exclude overtime & shift allowances

scholarship

What were your usual pre-tax weekly earnings?*
Exclude overtime & shift allowances
* Please provide copies of any recent payslips (if available)

1061.54 fn approx

Please provide details of any overtime or shift work

Weekly shift allowance: nil

Weekly overtime (hours): nil

5. Treatment & return to work details

Please provide the name, clinic or hospital, and contact details of any medical providers (including clinics or hospitals) that have treated your injury

daniel mccurdy, point lonsdale medical centre, dr joh whittaker, millenium medical centre footscray, dr richard moore, northside clinic fitzroy

If you have returned to work with your employer, what was the date?

continued struggling

What duties are you doing? Full ☐ Suitable/Modified ●

How many hours are you working each week?

part time or none

Have you returned to work with a new employer?
Please provide the name and contact details of the new employer

i worked as a sole trader very limited hours as alife coach

If you have not returned to work, do you think that there are any issues that would delay or prevent you from returning to work?

poverty, no home, scapegoated, no justice, no lawyer, no job, no work, cognitive brain impairment, mental illness

When did/will you give your employer this claim form?

07/08/2023 by email

How did/will you give this claim form to your employer?

Hand delivery ☐ By post ☐

When did/will you give your employer the first medical certificate?

today

6. Authority to release medical information and worker's declaration

I have read the information provided in this form. **I declare** that the information that I have supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge. **I understand** that the making of a false or misleading claim or false and misleading statement in support of the claim is punishable by law and that I may be prosecuted.

I authorise and consent to any person who provides a medical service or hospital service to me in connection with an injury/condition to which this claim relates to provide upon request by the workers' compensation authority, my employer or insurer/claims agent or any committee established under legislation to advise the workers' compensation authority, any information regarding the service relevant to the claim. **I understand** that my authority has effect and cannot be revoked for the duration of this claim or any period where I am entitled to provisional payments.

Please note that there are penalties for providing false or misleading information in relation to this claim.

Worker's signature

Sign he

Date

07/08/2023

7. Employer details

Employer to complete
This question is required to be completed on all claims

Claims with a mental injury – Early notification required

If the worker has indicated they have a mental injury (question 2), you must complete and forward Part A of this form to your Agent within **three business days** of receiving it from the worker.

While we encourage you to forward Part B together with Part A, you can choose to forward Part B separately but you **must forward Part B no later than 10 calendar days** after receiving Part A from the worker.

Are you forwarding Parts A and B together?*

☐ Yes

If you tick this box: the claim determination timeframe of 28 days will commence upon the Agent receiving both Part A and Part B from you.

If you do not tick this box: You are required to forward Part B within 10 calendar days of receiving Part A from your worker. The claim determination timeframe of 28 days will commence from the date the Agent receives Part B from you.

Please tick below if you have attached the following evidence to this form. I have attached evidence of:

☐ (a) the worker not being my worker

☐ (b) the claim being a duplicate claim

Please tick one or more where appropriate.

WorkSafe also encourages employers to provide early notification for physical injury claims.

* If you are a self-insurer, you do not need to answer this question.

When did you first receive the worker's completed claim form?

Date forwarded to Agent:

Employer's signature

Sign here

Date

DD / MM / YYYY

Name

Position

Employer's scheme registration number
e.g. WorkCover Employer, Policy, or Employer Registration Number

BARRAN DODGER LEGAL & ETHICAL TRUST FUND

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16efab3c230fda57a78e4b6aee4b5aab

Unique cryptographic fingerprint of this exact document. Any alteration changes the hash.

Verify at: opentimestamps.org · Bitcoin blockchain · ~15,000 independent nodes

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INTERNATIONAL SUBMISSIONS · BLOCKCHAIN INTEGRITY

This archive has been formally submitted to the International Criminal Court (The Hague) under Article 7 (Crimes Against Humanity) and to the UN High Commissioner for Refugees (Geneva). Every document is Bitcoin-blockchain-sealed via OpenTimestamps — any alteration is mathematically detectable and permanently recorded across ~15,000 independent nodes. No government can erase it.

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