BARRAN DODGER LEGAL & ETHICAL TRUST FUND

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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

```
50401606c401f64e6f7ad1cd6ec15943
6dd7a9bf3717419fbdadef2311f6b7ab
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CERTIFICATE OF CAPACITY

TAC TRANSPORT ACCIDENT COMMISSION

WorkSafe VICTORIA

- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria (WorkSafe) website for who can certify). **Note:** The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner
- Certifiers – Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned

This certificate has been issued in relation to a:

☐ **Transport accident related injury (TAC Claim)** ☑ **Work related injury/condition (WorkSafe claim)**

This certificate has been issued to confirm attendance only Complete sections 1, 2, 5 & 6 only ☐

1. Worker details

Worker First Name: **Richard**

Worker Last Name: **McLean**

Claim Number (if known):

Date of Injury (if Claim number not known): **18/1/21**

Date of Birth: **8/4/73**

Worker Address

2 McCubbin Street

FOOTSCRAY **3011**

2. Diagnosis

I examined you on **5/5/21**

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

anxiety depression reaction to clients with sexual trauma

3. Capacity Assessment

If capacity is affected further details MUST be provided in this section. Continue to Section 4 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function *Select applicable*	CAN	WITH MODIFICATIONS	CANNOT
Sit	☑	☐	☐
Stand/Walk	☑	☐	☐
Bend	☑	☐	☐
Squat	☑	☐	☐
Kneel	☑	☐	☐
Reach above shoulder	☑	☐	☐
Use injured arm/hand	☑	☐	☐
Lift	☑	☐	☐
Neck movement	☑	☐	☐

Physical Function – Additional Comments *eg. limits on durations weight-handling capacity repetitive or sustained postures movements or forces.*

Mental Health Function *Select applicable*	NOT AFFECTED	AFFECTED
Attention/Concentration	☐	☑
Memory *(short and/or long term)*	☐	☑
Judgement *(ability to make decisions)*	☐	☑

Mental Health – Additional Comments *eg. effects of mental health symptoms, cognitive function:*

Other Functional Considerations – not listed above

Other Functional Considerations – Additional Comments *eg. effects of medication*

Work Environment Considerations *eg. physical (temperature, noise, space, light) or mental health considerations that affect work capacity*

4. Certification

Note: Certificate durations for a work-related injury/condition (WorkSafe claim) unless special reasons apply are up to • 14 days for the first certificate (must be issued by a medical practitioner) • 28 days for a subsequent certificate.

Taking into account the effects of your injury/condition, as outlined in section 3, you:

☐ **Have a capacity for pre-injury employment from** _____

☐ **Have a capacity for suitable employment from** _____ **to** _____

☑ **Have no capacity for employment from** 3/5/21 **to** 31/5/21

Estimated timeframe to return to work 0 *days or* 0 *weeks*

An estimated timeframe will assist with planning for a return to safe work

5. Treatment plan

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

psychiatry

Certification

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are to the best of my knowledge, true and correct.

Provider name, address and phone no. *(or practice stamp)*

Dr Richard Moore
370 ST GEORGES RD
FITZROY NORTH VIC 3068

Telephone 03 9485 7700

Signature of Certifier

Provider number or hospital name

0322489A

Date issued 4/5/21

7. Worker Declaration – WORKER TO COMPLETE

MANDATORY unless this is the first certificate or an attendance certificate only

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or in self-employment for which you have received or been entitled to receive payment in money or otherwise?

☒ No, I have not

☐ Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work).

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker

Date 5/5/21

Further information

Returning to work

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy

The TAC and WorkSafe (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and WorkSafe websites.

CERTIFICATE OF CAPACITY

TAC TRANSPORT ACCIDENT COMMISSION

WorkSafe VICTORIA

- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria (WorkSafe) website for who can certify). **Note:** The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner.
- Certifiers – Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

☐ **Transport accident related injury (TAC Claim)** ☑ **Work related injury/condition (WorkSafe claim)**

This certificate has been issued to confirm attendance only Complete sections 1, 2, 5 & 6 only ☐

1. Worker Details

Worker First Name: **Richard**

Worker Last Name: **McLean**

Claim Number (if known):

Date of Injury (if Claim number not known): **18/1/21**

Date of Birth: **8/4/73**

Worker Address: **2 McCubbin Street**

FOOTSCRAY **3011**

2. Diagnosis

I examined you on **30/4/21**

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

anxiety depression reaction to clients with sexual trauma

3. Capacity Assessment

If capacity is affected further details MUST be provided in this section.
- Continue to Section 4 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function *Select applicable*	CAN	WITH MODIFICATIONS	CANNOT
Sit	☑	☐	☐
Stand/Walk	☑	☐	☐
Bend	☑	☐	☐
Squat	☑	☐	☐
Kneel	☑	☐	☐
Reach above shoulder	☑	☐	☐
Use injured arm/hand	☑	☐	☐
Lift	☑	☐	☐
Neck movement	☑	☐	☐

Physical Function – Additional Comments *eg. limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces:*

Mental Health Function *Select applicable*	NOT AFFECTED	AFFECTED
Attention/Concentration	☐	☑
Memory *(short and/or long term)*	☐	☑
Judgement *(ability to make decisions)*	☐	☑

Mental Health – Additional Comments *eg. effects of mental health symptoms, cognitive function:*

Other Functional Considerations – not listed above

Other Functional Considerations – Additional Comments *eg. effects of medication*

Work Environment Considerations *eg. physical (temperature, noise, space, light) or mental health considerations that affect work capacity*

4. Certificate [illegible]

Taking into account the effects of your injury/condition, as outlined in section 3, you:

- ☐ Have a capacity for pre-injury employment from
- ☐ Have a capacity for suitable employment from to
- ☑ Have no capacity for employment from 5/4/21 to 3/5/21

Estimated timeframe to return to work 0 days or 0 weeks

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury.

psychiatry

6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider name, address and phone no. *(or practice stamp)*

Dr Richard Moore
370 ST GEORGES RD
FITZROY NORTH VIC 3068

Telephone 03 9485 7700

Signature of Certifier

Provider number or hospital name 0322489A

Date issued 4/5/21

7. Worker Declaration – WORKER TO COMPLETE

MANDATORY unless this is the first certificate or an attendance certificate only

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or in self-employment for which you have received or been entitled to receive payment in money or otherwise?

- ☒ No, I have not
- ☐ Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work)

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker

Date 20/4/21

Further information

Returning to work

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy

The TAC and WorkSafe (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and WorkSafe websites.

CERTIFICATE OF CAPACITY

TAC TRANSPORT ACCIDENT COMMISSION

WorkSafe VICTORIA

- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria (WorkSafe) website for who can certify). **Note:** The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner
- Certifiers – Please type or use block letters and ensure that **all relevant sections are complete**. Incomplete forms may be returned

This certificate has been issued in relation to a:

☐ **Transport accident related injury (TAC Claim)** ☑ **Work related injury/condition (WorkSafe claim)**

This certificate has been issued to confirm attendance only Complete sections 1, 2, 5 & 6 only ☐

1. Worker Details

Worker First Name: **Richard**

Worker Last Name: **McLean**

Claim Number (if known):

Date of Injury (if Claim number not known): **18/1/21**

Date of Birth: **8/4/73**

Worker Address: **2 McCubbin Street**

FOOTSCRAY **3011**

2. [illegible]

I examined you on **22/3/21**

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

anxiety depression reaction to clients with sexual trauma

3. [illegible] *If capacity is affected further details MUST be provided in this section. Complete Section 4 if capacity is unaffected*

Your work capacity is affected by your injury/condition as follows:

Physical Function *Select applicable*	CAN	WITH MODIFICATIONS	CANNOT
Sit	☑	☐	☐
Stand/Walk	☑	☐	☐
Bend	☑	☐	☐
Squat	☑	☐	☐
Kneel	☑	☐	☐
Reach above shoulder	☑	☐	☐
Use injured arm/hand	☑	☐	☐
Lift	☑	☐	☐
Neck movement	☑	☐	☐

Physical Function – Additional Comments *eg limits on durations weight-handling capacity repetitive or sustained postures movements or forces*

Mental Health Function *Select applicable*	NOT AFFECTED	AFFECTED
Attention/Concentration	☐	☑
Memory *(short and/or long term)*	☐	☑
Judgement *(ability to make decisions)*	☐	☑

Mental Health – Additional Comments *eg effects of mental health symptoms, cognitive function*

Other Functional Considerations – not listed above

Other Functional Considerations – Additional Comments *eg effects of medication*

Work Environment Considerations *eg physical (temperature, noise, space, light) or mental health considerations that affect work capacity*

4. Certification

Taking into account the effects of your injury/condition, as outlined in section 3, you:

- [ ] Have a capacity for pre-injury employment from
- [ ] Have a capacity for suitable employment from to
- [x] Have no capacity for employment from 8/3/21 to 5/4/21

Estimated timeframe to return to work 0 days or 0 weeks

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury

psychiatry

Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider name, address and phone no. *(or practice stamp)*

Dr Richard Moore
370 ST GEORGES RD
FITZROY NORTH VIC 3068

Telephone 03 9485 7700

Signature of Certifier

Provider number or hospital name 0322489A

Date issued 4/5/21

Worker Declaration

MANDATORY unless this is the first certificate or an attendance certificate only

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or in self-employment for which you have received or been entitled to receive payment in money or otherwise?

- [x] No, I have not
- [ ] Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work)

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker

Date 22/3/21

Further Information

Returning to work

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy

The TAC and WorkSafe (WorkSafe Agents and Self-insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and WorkSafe websites.

CERTIFICATE OF CAPACITY

TAC TRANSPORT ACCIDENT COMMISSION WorkSafe

- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity refer to the TAC or WorkSafe websites (WorkSafe) website for who can certify). Note: The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner
- Certifiers - Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

☐ **Transport accident related injury (TAC Claim)** ☑ **Work related injury/condition (WorkSafe claim)**

This certificate has been issued to confirm attendance only Complete sections 1, 2, 5 & 6 only ☐

1. Worker Details

Worker First Name: **Richard**

Worker Last Name: **McLean**

Claim Number (if known):

Date of Injury (if Claim number not known): 18/1/21

Date of Birth: 8/4/73

Worker Address: **2 McCubbin Street**

FOOTSCRAY **3011**

2. [redacted]

I examined you on 2/3/21

If this certificate refers to a period prior to the date of examination please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is

anxiety depression reaction to clients with sexual trauma

[redacted]

If capacity is affected further details MUST be provided in this section. Complete Section 4 if applicable

Your work capacity is affected by your injury/condition as follows:

Physical Function *Select applicable*	CAN	WITH MODIFICATIONS	CANNOT
Sit	☑	☐	☐
Stand/Walk	☑	☐	☐
Bend	☑	☐	☐
Squat	☑	☐	☐
Kneel	☑	☐	☐
Reach above shoulder	☑	☐	☐
Use injured arm/hand	☑	☐	☐
Lift	☑	☐	☐
Neck movement	☑	☐	☐

Physical Function – Additional Comments *eg. limits on durations/weight-handling capacity repetitive or sustained postures movements or forces*

Mental Health Function *Select applicable*	NOT AFFECTED	AFFECTED
Attention/Concentration	☐	☑
Memory *(short and/or long term)*	☐	☑
Judgement *(ability to make decisions)*	☐	☑

Mental Health – Additional Comments *eg. effects of mental health symptoms, cognitive function*

Other Functional Considerations – not listed above

Other Functional Considerations – Additional Comments *eg. effects of medication*

Work Environment Considerations *eg. physical (temperature, noise, space, light) or mental health considerations that affect work capacity*

Taking into account the effects of your injury/condition, as outlined in section 3, you:

- ☐ Have a capacity for pre-injury employment from
- ☐ Have a capacity for suitable employment from to
- ☑ Have no capacity for employment from 8/2/21 to 8/3/21

Estimated timeframe to return to work 0 days or 0 weeks

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan

Your treatment plan including injury management strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider name, address and phone no. *(or practice stamp)*

Dr Richard Moore
370 ST GEORGES RD
FITZROY NORTH VIC 3068

Telephone 03 9485 7700

Signature of Certifier

Provider number or hospital name 0322489A

Date issued 4/5/21

7. Worker Declaration – WORKER TO COMPLETE

MANDATORY unless this is the first certificate or an attendance certificate only

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or in self-employment for which you have received or been entitled to receive payment in money or otherwise?

- ☒ No, I have not
- ☐ Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work).

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker

Date 2/4/21

Further Information

Returning to work

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy

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CERTIFICATE OF CAPACITY

TAC TRANSPORT ACCIDENT COMMISSION

WorkSafe VICTORIA

- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria (WorkSafe) website for who can certify). **Note:** The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner
- Certifiers – Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

☐ **Transport accident related injury (TAC Claim)** ☑ **Work related injury/condition (WorkSafe claim)**

This certificate has been issued to confirm attendance only Complete sections 1, 2, 5 & 6 only ☐

1. Worker Details

Worker First Name: **Richard**

Worker Last Name: **McLean**

Claim Number (if known):

Date of Injury (if Claim number not known): **18/1/21**

Date of Birth: **8/4/73**

Worker Address: **2 McCubbin Street**

FOOTSCRAY **3011**

2. [illegible]

I examined you on **25/1/21**

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

anxiety depression responce to clients with sexual trauma

If capacity is affected further details MUST be provided in this section
(Continue to Section 4 if capacity is unaffected)

Your work capacity is affected by your injury/condition as follows:

Physical Function *Select applicable*	CAN	WITH MODIFICATIONS	CANNOT
Sit	☑	☐	☐
Stand/Walk	☑	☐	☐
Bend	☑	☐	☐
Squat	☑	☐	☐
Kneel	☑	☐	☐
Reach above shoulder	☑	☐	☐
Use injured arm/hand	☑	☐	☐
Lift	☑	☐	☐
Neck movement	☑	☐	☐

Physical Function – Additional Comments *eg. limits on durations weight-handling capacity repetitive or sustained postures movements or forces.*

Mental Health Function *Select applicable*	NOT AFFECTED	AFFECTED
Attention/Concentration	☐	☑
Memory *(short and/or long term)*	☐	☑
Judgement *(ability to make decisions)*	☐	☑

Mental Health – Additional Comments *eg. effects of mental health symptoms, cognitive function*

Other Functional Considerations – not listed above

Other Functional Considerations – Additional Comments *eg. effects of medication*

Work Environment Considerations *eg. physical (temperature, noise, space, light) or mental health considerations that affect work capacity*

4. Certification

Note: Certificate durations for a work-related injury/condition (WorkSafe claim) unless special reasons apply are up to: • 14 days for the first certificate (must be issued by a medical practitioner) • 28 days for a subsequent certificate.

Taking into account the effects of your injury/condition, as outlined in section 3, you:

☐ **Have a capacity for pre-injury employment from** ____

☐ **Have a capacity for suitable employment from** ____ **to** ____

☑ **Have no capacity for employment from** 25/1/21 **to** 8/2/21

Estimated timeframe to return to work 0 *days or* 0 *weeks*

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider name, address and phone no. *(or practice stamp)*

Dr Richard Moore
370 ST GEORGES RD
FITZROY NORTH VIC 3068

Telephone 03 9485 7700

Signature of Certifier

Provider number or hospital name

0322489A

Date issued 4/5/21

7. Worker Declaration – WORKER TO COMPLETE

MANDATORY unless this is the first certificate or an attendance certificate only

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or in self-employment for which you have received or been entitled to receive payment in money or otherwise?

☒ No, I have not

☐ Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work):

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker

Date 25 / 1 / 21

Further Information

Returning to work

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy

The TAC and WorkSafe (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and WorkSafe websites.

BARRAN DODGER LEGAL & ETHICAL TRUST FUND

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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.

CREATIVE PORTFOLIO · DR. RICHARD McLEAN

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