**Appendix A – Safeguarding Concerns Form**

This form should be completed when safeguarding concerns need to be communicated to Rochdale Adult Care Service by other agencies.

|  |  |
| --- | --- |
| Date: |       |

|  |
| --- |
| **Information about yourself** |
| Name:       |
| Position / job title:       |
| Agency / Organisation:       |
| Address:       |
| Tel. No:       | Email address:       |

|  |
| --- |
| **Basic information regarding the Adult**  |
| Name: |       | ALLIS / NHS / ID Number (if known) |       |
| Address:      |

|  |
| --- |
| **Details of the concern:**      |

|  |
| --- |
| **Contact details:****Adult Care Services**Telephone number: 0300 303 8886Out of Hours number: 0300 303 8875Email: adult.care@rochdale.gov.uk |