**Appendix A – Concerns Form**

**PART A**

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

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| Date: |       |

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

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

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| **Details of the concern:**      |

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| **Contact details:****Adult Care Services**Telephone number: 0300 303 8886Fax number: 0845 833 9004Email: AdultPreventionTeam@rochdale.gov.uk |