**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.

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| 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: | | | |

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| **Details of the concern:** |

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