



Academy questionnaire

Name of school*:

Academy name*:

If part of a multi-academy trust, please confirm the name of the trust:

Academy address*:

Name of main contact at academy*:

Main contact's telephone number*:

Main contact's email address*:

Current payroll provider for the school:

Payroll provider for the academy (please could you confirm if you want them to have access to your member records via web portal)*:

Date of conversion (if this changes, please update us)*:

Have you attached a copy of the academies memorandum and articles of association?*

Have you attached a copy of the academy confirmation letter from the Secretary of State for Education?*

Have you attached a data file of the members in the West Midlands Pension Fund will be transferring to the new academy (if available)*:

Mandatory field *