

# **Apply for a blue badge.**

A Blue Badge from Surrey County Council costs £10 and will generally last for 3 years.

## **It's faster to apply online.**

If everything is correct, you will receive your badge faster if you apply online.

A friend, relative or representative who you trust, can apply online on your behalf with your permission.

You can immediately check that you are eligible.

You can upload your photograph, proof of address, proof of ID, eligibility documents and pay online.

You can apply for a blue badge online at [www.surreycc.gov.uk/bluebadges](http://www.surreycc.gov.uk/bluebadges)

## **How to apply by post.**

If you are unable to apply online, you can use this form to:

- apply for a Blue Badge for yourself,
- apply for a Blue Badge on behalf of someone else or,
- renew a Blue Badge.

You will need to provide:

- proof of identity,
- proof of address,
- proof of any qualifying benefits (if applicable),
- a recent colour photograph,
- payment of £10,
- evidence of your eligibility.

## The sections you must answer.

**Section 1 – page 3:** All applicants must answer this section.

**Section 2 – page 9: Benefits:** Answer this section if you receive the qualifying benefits or if you are severely sight impaired or blind.

**Section 3 – page 13: Walking difficulties:** Answer this section if you have significant difficulty walking or you cannot walk at all.

**Section 4 – page 20: Non-visible disabilities:** Answer this section if you have a non-visible disability or condition which causes you to severely struggle with journeys.

**Section 5 – page 26: Disability in Both Arms:** Answer this section if you have a disability which affects both arms.

**Section 6 – page 28: Child Under 3 Years Old:** Answer this section if you are applying for a child under 3.

**Section 7 – page 29:** All applicants must answer this section about medication, treatments and health professionals.

**Section 8 – page 32:** All applicants can add supporting documents.

**Section 9 – page 33: Declarations:** All applicants or their representatives must answer this section.

## Section 1 – All applicants should complete this section.

**Question:** Who are you applying for?

- ☐ Myself (the badge is for you).
- ☐ Someone else (a relative or somebody you care for).

If you're applying for somebody else, fill in the answers and sign the form on their behalf. Where the form says 'you' or 'your', it is referring to the applicant.

### About you.

**Question:** What is your title? (For example, Mr or Mrs.)

**Question:** What is your full name? (First name and last name.)

The name should be the full name of the person the badge is for.

**Question:** Has your name changed since birth?

- ☐ No.
- ☐ Yes (if yes, please give your full name at birth).

**Question:** What is your National Insurance number?

This helps us to find your details if you call up about your application. Leave this blank if you do not know it.

Your National Insurance number is in the format:

Letter

letter

6 numbers

letter.

**Question:** What is your gender?

- ☐ Man (or boy).
- ☐ Woman (or girl).
- ☐ I identify in a different way (please describe).

**Question:** What is your date of birth? (day / month / year)

**Question:** Do you already have a Blue Badge?

- ☐ No.
- ☐ Yes.

If 'yes', please give the badge number (first 6 digits) and the expiry date

**Office Use Only**

Photo

Fee

POI

POA

DOC

Signed

Date

## Contact details.

**Question:** What is your address? (including postcode)

We will post the badge to this address.

**Question:** What is your primary phone number?

**Question:** What is your secondary phone number?

Your mobile number may be used to send updates via text message in the future.

**Question:** what is your email address?

This will be used to send a link for payment and for updates about your application.

### **If you are applying on behalf of someone else.**

These questions are about you, not the applicant.

**Question:** What is your name?

We will contact you about the application.

**Question:** What is your relationship to the applicant? (For example, parent or carer.)

### **The applicant's Proof of ID and proof of address.**

Proof of Identity is only required if you are a NEW applicant to Surrey County Council or if we ask to see a copy.

**Provide a copy of one of the following documents showing proof of identity for the person the badge application is for.**

- ☐ Marriage / Civil Partnership / Dissolution or Divorce certificate.
- ☐ Valid Passport.
- ☐ Valid Driving licence.

Attach a copy of the proof of identity to this application. Please do not send originals.

**Provide a copy of one of the following documents that is dated within the last 12 months showing proof of address for the person the badge application is for.**

- ☐ Council tax.
- ☐ Utility bill.
- ☐ Valid Driving licence.
- ☐ Benefit letter.
- ☐ School record.
- ☐ Electoral roll.
- ☐ NHS letter or prescription.

Attach a copy of the proof of address to this application. Please do not send originals.

## **Payment for your Blue Badge.**

The cost of a blue badge is £10.

You can pay online, or you can enclose payment with this application form.

### **Paying online.**

You must provide an email address in the contact details section earlier in this form. We will send a link for you to make the payment online once your application has been approved.

### **Enclosing payment.**

Important! Do not send cash.

Cheques and postal orders should be made payable to Surrey County Council. Please write the name of the applicant on the back.

## **Recent colour photograph of the applicant.**

You must provide a colour photo. This will be printed on the back of your Blue Badge.

The requirements are similar to a passport photo. It's best to get somebody else to take the photo. Do NOT use a photo taken from another official document.

Make sure the photo:

- has a plain, light, background,
- includes face and shoulders,
- shows the face clearly,
- is a true likeness or was taken within the last 6 months.

The photo must also have the applicant's name and their signature on the back.

## **Terminal Illness.**

**Question:** Do you have a terminal illness which means you cannot walk or find walking very difficult?

- ☐ No.
- ☐ Yes.

If you answered 'yes', you MUST enclose one of the following:

- ☐ a copy of your SR1 or DS1500 form,
- ☐ a letter from a hospice which gives more details about the diagnosis.

We cannot consider a terminal application unless one of the above documents is supplied.

If you answered 'yes', go to section 8.



## Section 2 – Benefits or severely sight impaired.

You may automatically qualify for a Blue Badge if you either:

- Are severely sight impaired or blind.
- Have Personal Independence Payment (PIP) and receive 8 or more points in the 'moving around' criteria.
- Have Personal Independence Payment (PIP) and receive 10 points in the 'planning and following journeys' part of the mobility assessment because any journey would cause overwhelming psychological distress.
- Receive the higher rate of the mobility component for Disability Living Allowance (DLA).
- Receive the War Pensioners' Mobility Supplement.
- Receive a qualifying award under the Armed Forces Compensation Scheme.

If none of these apply to you, go to section 3.

If you receive the benefits mentioned in this section and can provide the evidence or you are severely sight impaired, please complete this section then go to section 9.

### Severely sight impaired (blind).

**Question:** Are you registered as severely sight impaired (blind) and do you give us permission to check the register at the local authority?

- ☐ Yes.  
☐ No.

If you answered 'yes', enter the name of the local authority

If you answered 'no', please attach a copy (not the original) of your Certificate of Vision Impairment (CVI) to your application.

If you are not registered as severely sight impaired/blind and you would like to be, contact Sight for Surrey on 01372 377701

## Disability Living Allowance (DLA).

**Question:** Were you awarded the higher rate of the mobility component?

- ☐ Yes.  
☐ No.

If you answered 'no', continue to the next question under 'PIP – moving around'.

If you answered 'yes', and your award has an end date, enter that date below. Then go to section 8.

Badges will be issued for a maximum of 3 years or for a shorter period if your DLA award ends within the next 3 years.

If you need more information about your award, you can contact the Department for Work and Pensions on 0800 121 4600.

## Personal Independence Payment (PIP) 'Moving around'.

**Question:** Did you score 8 points or more in the 'moving around' part of the mobility component?

- ☐ Yes.  
☐ No.

If you answered 'no', continue to the next question under 'PIP – planning and following'.

If you answered 'yes', how many points were scored?

If your award has an end date, enter that date below and then go to section 8.

Badges will be issued for a maximum of 3 years or for a shorter period if your PIP award ends within the next 3 years.

If you need more information about your award, you can contact the Department for Work and Pensions on 0800 121 4433.

## Personal Independence Payment (PIP) - 'Planning and following'.

**Question:** Do you score 10 points in the 'planning and following a journey' Descriptor E in the mobility section which states '*you cannot undertake any journey because it would cause overwhelming psychological distress*'?

- ☐ Yes.  
☐ No.

If you answered 'no', continue to the next question about the Armed Forces Compensation Scheme. If you do not score exactly 10 points for descriptor 'E', you could complete section 4 of this application form and supply supporting documents.

If 'yes' and your award has an end date, enter that date below. Then go to section 8.

The end date will be in line with the expiry date of your Blue Badge.

If you need more information about your award, you can contact the Department for Work and Pensions on 0800 121 4433.

## Armed Forces Compensation Scheme.

**Question:** Have you received a lump sum payment within tariff levels 1 to 8 of the scheme and have you been certified as having a permanent and substantial disability?

- ☐ Yes.  
☐ No.

If you answered 'no', continue to the next question about the War Pensioners' Mobility Supplement (WMPS).

If you answered 'yes', attach a copy of the letter from Veterans UK as proof of entitlement and then go to section 8.

Please note that letters were previously issued by the Service Personnel and Veterans Agency (SPVA). You can contact Veterans UK on 0808 1914 218 or email [veterans-uk@mod.uk](mailto:veterans-uk@mod.uk) to gain more information about your compensation scheme.

## War Pensioners' Mobility Supplement (WMPS).

**Question:** Do you receive the War Pensioners' Mobility Supplement?

- ☐ Yes.  
☐ No.

If you answered 'no', continue to Section 3.

If you answered 'yes' and your award has an end date, enter that date below. Then go to section 8.

You must enclose a copy of the letter as proof of entitlement.

To get a copy of your WPMS you can contact Veterans UK at 0808 1914 218 or email [veterans-uk@mod.uk](mailto:veterans-uk@mod.uk).

## Section 3 – Walking Difficulties.

If you answered 'yes' to any of the questions in Section 2 and receive the qualifying benefits, you do not need to complete this section. Go to Section 8.

If you do not receive the qualifying benefits, please answer this section fully.

**Question:** Do you have a condition or disability which means you cannot walk or find walking very difficult?

☐ Yes.

☐ No.

If you answered 'no', go to section 4.

If you answered 'yes', continue answering the questions in this section.

**Please note:** To be issued with a Blue Badge, you will need to provide evidence from a relevant professional to support your application, or the application will likely be refused.

**Name any health condition or disabilities that affect your walking in the box below.**

Try to use the correct medical terms if you know them.

Be as descriptive as possible. We will ask you more questions about how your walking is affected by your health condition or disabilities and the medication you use.

Continue your description on a separate sheet if you need to.

**Question:** Do your health conditions affect your walking all the time?

- ☐ Yes.  
☐ No.

**Question:** If you answered 'no', how often does your condition typically affect your walking? (for example, once a month)

**Question:** If you answered 'no', how long does your condition typically affect your walking for? (for example, for 2 or 3 hours at a time)

Please note eligibility for the Blue Badge scheme is not based solely on a person's diagnosis but how it affects their ability to walk a journey.

Surrey County Council may arrange an independent assessment if your eligibility is unclear.

We will now ask you more questions about how your walking is affected by your health condition or disabilities and the medication you use.

**Question:** How does your health condition make walking difficult for you?

(Tick all that apply)

- ☐ Excessive Pain.  
☐ Severe Breathlessness.  
☐ Balance, coordination and posture issues.  
☐ It takes me a long time.  
☐ It's dangerous to my health and safety.

There are now further questions on each of these issues.

**Question:** If you ticked '*excessive pain*', how would you describe the pain you experience when walking?

(You can choose more than one)

- ☐ When I take my pain relief medication, I am able to cope with the pain.
- ☐ Even after taking pain relief medication, I have to stop and take regular breaks.
- ☐ Even after taking pain relief medication, the pain makes me physically sick.
- ☐ Even after taking pain relief medication, I am frequently in so much pain that walking for more than 2 minutes is unbearable.
- ☐ Other.

**Describe the pain in the box below.**

**Question:** if you ticked '*breathlessness*', when do you get breathless?

(You can choose more than one)

- ☐ Walking up a slight hill.
- ☐ Trying to keep up with others on level ground.
- ☐ Walking on level ground at my own pace.
- ☐ Getting dressed or trying to leave my home.
- ☐ Other.

**Describe in the box below why you get breathless.**

**Question:** If you ticked '*balance, coordination or posture*', how would you describe your balance or coordination when walking?

(You can choose more than one)

- ☐ I can walk around a supermarket, with the support of a trolley.
- ☐ I can walk up/down a single flight of stairs in a house.
- ☐ I can only walk around indoors.
- ☐ I can walk around a small shopping centre.
- ☐ Other.

**Describe in the box below your balance or coordination when walking.**

**Question:** If you ticked '*balance, coordination or posture*', how is the way you walk affected by your condition?

**Describe in the box below how the way you walk is affected by your condition.**

(For example, if your posture is affected or you struggle to take full steps)



**Question:** If you ticked '*balance, coordination or posture*', have you seen a healthcare professional for any falls in the last 12 months?

- ☐ Yes.  
☐ No.

**Question:** If you ticked '*it's dangerous to my health and safety*', describe in the box below how your condition makes walking dangerous.

**Question:** If you ticked '*it's dangerous to my health and safety*', do you have a chest, lung or heart condition or epilepsy?

- ☐ Yes.  
☐ No.

**Something else.**

**Question:** What is it about your condition that causes you difficulty walking?

## Help to get around.

**Question:** What aids or support do you use?

(For example, a wheelchair, crutches or a member of your family)

**Question:** When do you need this help?

(For example, to get to the shops)

**Question:** If you have aids, how were they provided?

(For example, from a hospital or bought privately)

**Question:** How long can you walk for without stopping?

(If you listed an aid, then your answer should be about you walking when using that aid)

'Stopping' could be to take a rest or to catch your breath. Only tick one.

- ☐ I can't walk at all.
- ☐ Less than a minute.
- ☐ Between 1 and 5 minutes.
- ☐ Between 5 and 10 minutes.
- ☐ More than 10 minutes.

**Describe in the box below somewhere you can walk from and to.**

(Be specific and use place names or house numbers. For example, 'from my home to Tesco on Brown Street' or 'from my home to No. 36 on my street').

If you use an aid to get around, then your answer should be about you walking whilst using that aid.

**Question:** How long does it take you to walk this distance?

(For example, 8 minutes)

Now go to section 7.

## Section 4 – Non-visible disabilities.

Remember: when we are referring to 'you' this is the applicant.

If you're applying for somebody else, answer the questions on their behalf.

**Question:** Do you have a non-visible (hidden) disability or condition causing you to severely struggle with journeys between a vehicle and your destination?

☐ Yes.

☐ No.

If you answered 'no', go to section 5.

If you answered 'yes', continue answering all the questions in this section.

**Please note:** To be issued with a Blue Badge, you will need to provide evidence from a relevant professional to support your application, or the application will likely be refused.

**Name in the box below any non-visible (hidden) disabilities or conditions that severely affects your ability to navigate a journey between the vehicle and your destination.**

Try to use the correct medical terms if you know them.

Continue your description on a separate sheet if you need to.

Please note eligibility for the Blue Badge scheme is not based solely on a person's diagnosis but how it affects their ability to walk a journey.

Surrey County Council may arrange an independent assessment if your eligibility is unclear.

We will now ask you more questions about how your ability to walk a journey is affected by your non-visible (hidden) condition or disabilities.

**Question:** What affects you taking a journey between a vehicle and your destination?

(Tick all the statements that apply. We will ask for more information about your difficulties in walking a journey between a vehicle and your destination later in this section)

- ☐ I am at risk near vehicles, in traffic or car parks.
- ☐ I struggle to plan or follow a journey.
- ☐ I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others.
- ☐ I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control (meltdown).
- ☐ I can become extremely anxious or fearful of public/open spaces.
- ☐ Something else.

**Question:** If you ticked '*I am at risk near vehicles, in traffic or car parks*', how often are you at risk?

- ☐ Almost Never.
- ☐ Sometimes.
- ☐ Almost every journey.
- ☐ Every journey.

**Please give an example in the box below of when you have been at risk near vehicles, in traffic or car parks.**

**Question:** If you ticked '*I struggle to plan or follow a journey*', what journeys does this apply to?

- ☐ Unfamiliar journeys.
- ☐ Every journey.

**Question:** If you ticked '*I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others*', how often does this happen?

- ☐ Almost Never.
- ☐ Sometimes.
- ☐ Almost every journey.
- ☐ Every journey.

**Please describe in the box below the kinds of incidents that have happened or are likely to happen on journeys.**

**Question:** If you ticked '*I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control (meltdown)*', how often does this happen?

- ☐ Almost Never.
- ☐ Sometimes.
- ☐ Almost every journey.
- ☐ Every journey.

**Please give examples in the box below of the situations that cause the meltdowns.**

**Question:** If you ticked '*I can become extremely anxious or fearful of public/open spaces*', how often do you become extremely anxious/fearful?

- ☐ Almost Never.
- ☐ Sometimes.
- ☐ Almost every journey.
- ☐ Every journey.

**Please describe the levels of anxiety in the box below.**

If you ticked '*Something else*', please describe in the box below what affects you taking a journey.

**Question:** How would a Blue Badge improve taking a journey between a vehicle and your destination?

In this section we are looking for the details of improvement a blue badge would have on your journey. Describe the applicant's needs in detail in the box below.



**Question:** What measures are currently taken to try to improve journeys for you between a vehicle and your destination?

List the steps taken to try to improve journeys in the box below.

**Question:** How effective are these measures?

## Section 5 – Disability that affects both arms.

If you answered 'yes' to any of the questions in sections 3 or 4, you could go straight to Section 7.

**Question:** Do you have a severe disability in both arms and drive regularly, but cannot operate pay-and-display parking machines?

☐ Yes.

☐ No.

If you answered 'no', go to Section 6.

If you answered 'yes', continue answering the next questions in this section.

**Question:** Name any health conditions or disabilities that affect your arms in the box below.

(Try to use the correct medical terms, if you know them)

**Question:** How often do you drive?

(for example, every day, a few times a week)

**Question:** Do you drive an adapted vehicle?

- ☐ Yes.  
☐ No.

If 'yes', describe how it has been adapted for you in the box below. You should also attach copies of insurance details which verify this.

**Question:** Do you struggle to operate parking machines?

- ☐ Yes.  
☐ No.

If 'yes', describe how you struggle to operate parking machines in the box below. Please add an additional sheet of paper if your need to give us more details.

## Section 6 – Children under 3 years old.

This section is for people applying on behalf of a child that is under 3 years old who needs to be accompanied by bulky medical equipment or needs to be near a vehicle to receive treatment or be taken for urgent treatment.

**Question:** Are you applying for a child under 3 years old?

- ☐ Yes.
- ☐ No.

If you answered 'no', go to Section 7.

If you answered 'yes', continue answering the next questions in this section.

**Question:** Which of the following statements applies to the child under 3?

- ☐ They need to be accompanied by bulky medical equipment.
- ☐ They need to be near a vehicle to receive or be taken for treatment.
- ☐ Neither of these.

**Question:** Name any health conditions or disabilities that affect the child in the box below.

(Try to use the correct medical terms if you know them)

You should enclose a letter from any healthcare professionals that are involved in the child's treatments and can confirm the details of the condition.

## Section 7 – Treatments, medication, associated professionals & documents.

Please answer this section if you have answered any of the questions in sections 3, 4, 5 or 6. Otherwise, go to Section 8.

### Treatments.

**Question:** Has your condition required any treatments?

These could have been in the last 10 years, ongoing or any treatment you have booked in the next 3 years.

- ☐ Yes.  
☐ No.

If you answered 'no', go to the next question about Medication.

If you answered 'yes', describe in the box below the treatments relevant to your condition that you have seen (or are due to see) a professional for.

(For example, hip replacement operation, physiotherapy or pain clinic.)

If the treatments are in the future, do you expect the condition to improve afterwards?

## Medication.

**Question:** Do you take any medications for your condition?

(This can be any medication or pain relief you currently take for your condition)

☐ Yes.

☐ No.

If you answered 'no', go to the next question about Associated professionals.

If you answered 'yes', please list all the medications or pain relief in the box below and include their dosage, whether it is prescribed by a doctor and how often do you take it.

## **Associated or healthcare professionals.**

**Question:** Do you currently see any professionals for your condition?

(Or if you have seen any in the last 3 years)

☐ Yes.

☐ No.

If you answered 'no', go to Section 8.

If you answered 'yes', please write in the box below the name and role of the professionals and their contact details if possible.

## Section 8 Supporting documents.

Add any supporting documents about your condition that you feel would support your application. Please try to avoid stapling papers together. A paperclip rather than staples enables us to scan your documents more effectively.

**Question:** What documents are you attaching?

Tick the documents you are including with your application.

- ☐ A letter of diagnosis.
- ☐ Evidence of the progression of the condition over time.
- ☐ Confirmation of ongoing treatment/clinic attendance, referrals.
- ☐ Prescriptions.
- ☐ Evidence of specialist consultations or referrals.
- ☐ Your patient summary or summary of care.
- ☐ EHCP Education Health and Care Plan.
- ☐ Care plans from social care team.
- ☐ Social housing letter or assessment report from Local Authority.
- ☐ Letter from a professional involved in your care.
- ☐ Contact details of other professionals to support your application.
- ☐ DS1500 or SR1 form and/or letter from a hospice.
- ☐ Other – if you feel there is more information to add you are welcome to add additional information for us to consider.



## Section 9 – Declarations.

Sign one of these sections.

### Applying for yourself.

By submitting this application, you agree that:

- You have read and understood the rules for using a Blue Badge.
- The details provided are complete and accurate and you realise you may be prosecuted under section 2 of the Fraud Act 2006 if you make a fraudulent application.
- You will not hold more than one Blue Badge at any time.
- You will tell Surrey County Council about any changes that may affect your eligibility.

You also agree that Surrey County Council may:

- Contact you if there are any issues with this application or to prevent/pursue badge misuse.
- Arrange a phone-based or in-person assessment for you.
- Check your eligibility with the information they hold and have access to.
- Suggest other benefits or services that you may be eligible for.

You also understand that:

- A blue badge privacy notice is available on the Surrey County Council website, or you can call us to have a copy posted to you.
- This information will be stored on paper and on computer and that Surrey County Council will own the data which will be kept secure and confidential in accordance with the Data Protection Act 1998. You can ask to see the information held about you at any time.
- Information included on this form may be disclosed to other council departments/service providers so that you can be informed about other council services that may benefit you.
- Misuse of a Blue Badge may constitute a criminal offence leading to prosecution and permanent withdrawal of the badge by Surrey County Council.

Signed

Date

## **Applying on behalf of somebody else.**

By submitting this application, you agree on behalf of the applicant that:

- The rules for using a Blue Badge have been read and understood.
- You have the authority to submit this application.
- The details provided are complete and accurate and you realise you may be prosecuted under section 2 of the Fraud Act 2006 if you make a fraudulent application.
- The applicant will not hold more than one Blue Badge at any time.
- Surrey County Council will be told about any changes that may affect the applicant's eligibility.

You also agree that Surrey County Council may:

- Contact the person whose details have been provided if there are any issues with this application, or to prevent/peruse badge misuse.
- Arrange a phone-based or in-person assessment for the applicant.
- Check the applicant's eligibility with the information they hold and have access to.
- Suggest other benefits or services that the applicant may be eligible for.

You also understand that:

- A blue badge privacy notice is available on the Surrey County Council website, or you can call us to have a copy posted to you.
- This information will be stored on paper and on computer and that Surrey County Council will own the data which will be kept secure and confidential in accordance with the Data Protection Act 1998. The applicant can ask to see the information held about them at any time.
- Information included on this form may be disclosed to other council departments/service providers so that you can be informed about other council services that may benefit them.
- Misuse of a Blue Badge may constitute a criminal offence leading to prosecution and permanent withdrawal of the badge by Surrey County Council.

Signed

Date

## Blue Badge Application Checklist.

Please ensure you have completed and signed the application form.

Please try to avoid stapling papers together. All applications are scanned. A paperclip rather than staples enables us to scan your documents more effectively.

Have you:

- ☐ Completed the application form.
- ☐ Completed the sections medication, treatments & healthcare.
- ☐ Signed and dated the application form.
- ☐ Enclosed a photo.
- ☐ Enclosed payment - DO NOT send cash.
- ☐ Attached your proof of Identity - PLEASE DO NOT SEND ORIGINALS.
- ☐ Attached proof of address - PLEASE DO NOT SEND ORIGINALS.
- ☐ Attached relevant evidence – important if applying under the walking and/or non-visible criteria.
- ☐ Attached relevant supporting documents – all applications.

Once you have completed the application form, please send it with the required items. Missing information will delay your application.

Please send the completed form with the items above and the correct postage to:

Surrey County Council, Blue Badge Team, Dakota Building, De Havilland Drive,  
Brooklands, Weybridge, Surrey, KT13 0YP